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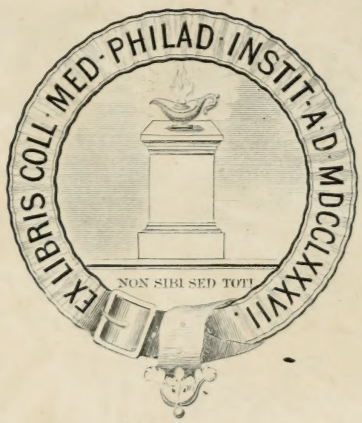

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THE MEDICAL AGE.

A Semi-Monthly Journal of Medicine and Surgery.

EDITED BY

JOHN J. MULHERON, M. D.

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MEDICAL LEGISLATION.

Inasmuch as all laws designed to regulate the practice of medicine are, in the very nature of the case, but an expression of the sentiment of the law-making classes, or, in other words, of the heterogeneous mass known as the public, it would be too much to expect that they should conform to the ideal which a specially educated class (physicians, for instance) would formulate. Until the public has been educated up to proper ideas on these matters, the acts of our legislatures must necessarily fall short of what they should be, both in the interests of the general good, and in justice to those especially fitted by education to practice the healing art. There are, however, degrees of excellence in the laws regulating medical practice, as they have been enacted by various State legislatures. It will scarcely require argument to convince any one who has given the least attention to the workings of the Michigan Medical Act, that it has been a signal failure in the end to which it was designed, viz., the protection of the public against unqualified practitioners of medicine. It has done absolutely nothing towards ridding the State of the evils existing at the date of its enactment. Perhaps it has prevented the ingress of fresh hordes of incompetents driven out of other States by their wholesome legislation, but if it has, its good has ceased at this. We have yet to learn of a quack who has been disturbed in his nefarious work, or of a medical mountebank who has been driven hence through its operation. It is not even certain that the slightest check has been placed on the ingress of others of this ilk. The Act provides for no special officer charged with the duty of seeing that its commands are observed by new comers, and, except perhaps in the smaller places, no one feels called upon to see that they are competent under the Act. It may be said that it is the duty of the regular officers of the law to see that it, in common with all other laws, are not violated. This is, doubtless, true, but these officers have not yet been educated to believe that it is as much of an infraction of existing statutes to practice medicine without authority, as it is to illegally dispense liquid stimulants, or to allow a dog without a proper license to run at large.

In view of the above defects, and of numerous others, in our Medical Act, we note with pleasure the action of the Southern Michigan Medical Association, as reported in its proceedings published in our last issue, looking towards its amendment. This action will result in bringing the Act before this winter's legislature, where the usual objections to medical legislation of any nature will again be advanced. A consideration of these objections must have an interest for other readers than those in this State, for in the evolution of a proper conception of the duty which a State owes its citizens, the question of the control of those who deal with disease must come up. In many States Medical Acts are already in operation, and in the comparatively near future the remainder will feel constrained to legislate in the same direction. To question this would be to declare a lack of faith in human progress. The first objection to such legislation is the assumption that the right to practice medicine is a natural and not a statutory right. It is argued by the objectors that the right to minister to the relief of either bodily or mental suffering is not derived from the people, but that it inheres in every son of Adam, and demagogues have grown eloquent and hoarse on the therapeutic feats of "old women" and "natural doctors" in cases in which the learning of the schools has been brought to bear without avail. It cannot be denied that arguments of this kind have a strong influence on minds not trained to logical reasoning, and those who do not or cannot discriminate between *post hoc* and *propter hoc* are apt to be prejudiced thereby against the educated physician. Such are not given to a minute examination into the authenticity of the cases cited, nor are they capable of appreciating either the psychological influences or the *vis medicatrix naturæ* which enter as factors into cases which are well authenticated. When it is satisfactorily proven that a knowledge of the body, and of the manner in which these are affected by disease and by drugs, is not an essential qualification on the part of him who assumes to restore such structures and functions to health, it will be time to consider seriously the doctrine of the divine right to be a physician. Suffice it for the present to say that the constitutionality of medical legislation has been established by the highest courts, and that no legislature need be deterred from legislating in this direction through fear of having its acts set aside by the courts. The latest decision on this matter is that recently given by the court o-

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appeals of West Virginia, declaring the Medical Practice Act of that State to be constitutional.

We heard much of the cry of "class legislation" when the bill which finally became a law was on its passage through our State legislature, and, doubtless, demagogical newspapers will this winter again regale us with their attempts to defeat efforts to improve the existing Act by a resort to this clap-trap. This argument has not even the merit of speciousness to commend it. No medical Act ever devised, contemplates the restriction of the right to practice medicine to any class of men, or gives those engaged in such practice any privileges which are not the direct and legitimate reward of qualifications, the possession of which is directly in the interests of the public. If by "class legislation" is mean the erection around a calling involving the immense responsibilities which attach to that of the physician, of barriers which shall be effectual to the prevention of the entrance therein of those incompetent to assume these responsibilities, then let us have vastly more of such legislation than we have heretofore had in this country. This is all any Medical Act which we have ever seen has ever aimed to do. The most acceptable Act to the profession and that which will most enhance the interests of the public, is one which places the highest premium on competency. In asking the legislature to amend our present Act, those active in the matter will have to combat the idea that they seek solely to enhance professional interests, and to convince the people that the public good, and not that of a mere class, is to be subserved. Fortunately, with a growing enlightenment this task is yearly growing less and less difficult, and we anticipate a very material improvement in the existing Act as a result of this winter's deliberation at Lansing.

MEDICAL FLUNKEYISM IN ENGLAND.

Some two or three years ago our English exchanges were filled with a discussion of the social status of the English medical profession. There is not the least question touching the relation which the profession bears to the "nobility" or "titled gentry." Its inferiority in social matters is too determinate to admit of question, and the only dispute in the discussion referred to, was confined to arguments supporting and repudiating the assertion made by a prominent member of the profession, that the medical practitioner's social status was markedly lower, not only than that of the members of any of the other learned professions, but also than that of "trades people." The discussion was a fruitless one, and we were left in a more painful state of uncertainty on the matter than if it had never been referred to, and we shall probably never know exactly whether the wife of Dr. Jones and himself and family are, because of the fact that he doctors for a living, excluded from the circles in which those who are the appendages of the men who sell haberdashery, and dispense legal opinions and gospel solace for a livelihood, move about with the air and grace of those who are to the manor born. While it would have been exceedingly satisfactory to have had this momentous question of whether the wives of Sergeant Buzfuz and the Rev. Dotheboys have any right to elevate the tips of their dear noses, should they happen to meet the wife of Dr. Bob Sawyer (if Dr. Bob ever got a wife) in their "circle," we must be content with the uncertainty.

The discussion referred to appeared exceedingly ludicrous at this distance and under a regime under which social qualifications are not affected by the individual's occupation, provided such occupation be honorable and legitimate. Despite the fact that men whom the profession even on this side of the Atlantic delight to honor, took part in it, it was supposed to be one of those out-croppings of the puerility with which men are all too apt to be affected. Latterly, however, a discussion in our English exchanges of the manner in which the physician should deport himself in his relation to different classes of patients, forces the conviction that flunkeyism has not yet been eliminated from the English profession. "A practitioner of fifty-one year's standing," for instance, gives an exhibition of it in the Medical Times of 13th ult., which is all the more nauseating because of its author's years. He commences by describing how the practitioner should announce himself in a "good neighborhood." He will find in such neighborhoods two bells and a knocker on each house. One bell is marked "visitors" and the other "servants." Which of these should the physician choose?

"My own practice," he says, "has been to ring the visitors' bell gently, though even that, when calling to see one of the servants, has seemed to me to savour of impropriety. But whatever course the young doctor may choose, let him, above all things, beware of using the knocker. That would imply a familiarity with the family, the very suspicion of which it behooves the circumspect practitioner to avoid. So long as he confines his manipulations to the bell-handle he is safe. The next problem that confronts him is, what to do with his hat. Following the custom of other men who have business in the house, he should by rights leave it in the hall, not on the floor, but on the hall table. This course, however, may involve him in serious danger. If there are children about the house, they may be counted upon to play with it, perhaps to march into the drawing room with it on their heads—a complication

which, I need hardly say, as being evidence of undue familiarity, would be of the gravest import. My own plan has always been to take my hat with me, and only to relinquish it when the clinical investigation of a case rendered such a course absolutely necessary. Familiarity is impossible so long as the hand keeps touch of the beaver. It is an almost impregnable rampart, and would take the sting out of anything that tale-bearing domestics might say hereafter. The ethics and etiquette of hand-shaking form a most difficult subject. As a rule, I agree with the Lancet that it is best to avoid it. If a lady of title offers two jewelled fingers, the young practitioner would be at once foolish and rude to decline to take them, but the touch should be cold and momentary. With the wives of commoners it will be best, if it can be done without obvious rudeness, to bow formally, instead of offering to shake hands, both on entering and leaving."

Is it any wonder that a profession whose members can write and whose journals can print such stuff as this, should be regarded by gentlemen with a contempt incompatible with social equality? In America the physician is the peer of any man, and this is because he is equal to any and feels his equality. When he shall be guilty of such flunkeyism as is displayed in the article from which we have above quoted, he shall richly merit the social degradation which the growlers in the English profession declare is the condition of his brethren in England.

INTERMEDIATE HOSPITALS FOR ACUTE MANIA.

The nervous system has of late years claimed the attention and study of the best medical minds of all countries, and it is now an evidence of a still further progress in this direction, that mental diseases are no longer allowed to remain in the hands of asylum-superintendents, but are beginning to demand the care and investigation that they undoubtedly deserve from a larger and more active class of specialists. It is by the medium of this development that Dr. JOHN VAN BIBBER, of Baltimore, has been led at various periods, during the past five years, to investigate the plan of treatment and the management of insane asylums, both in this country and in Europe, the results of which are given in a most interesting paper in the January number of the American Journal of the Medical Sciences.

It is a curious tradition, which is blindly accepted by most people, that insanity differs entirely from any other form of disease, that it must be removed from sight, and, if possible, from remembrance, and treated only by medical men who live within the walls of an asylum, and devote their lives to the care of this class of patients. No less is it a matter of general belief that the institutions in which this malady is treated are not hospitals, but asylums, that their use and purpose, though known, are in some way mysterious, and that their existence stands outside and apart from the ordinary ministrations of men.

This uncanny reputation is clearly the result of prejudice, and to some extent the result of the present system of treating and caring for a most unfortunate class of sufferers. It is the remnant of that feeling which, years ago, built prisons for the safe-keeping of lunatics, and which employed chains and manacles in the treatment of their disease. We have developed safely beyond that dark period, and, with rare exceptions, we have even passed the epoch of restraint.

But there are other changes which are as necessary and imperative to secure the better and more successful treatment of cases of acute insanity. These changes must affect many of the characteristic arrangements of insane asylums, the medical officer in his double role of physician and superintendent, and the crowding of large asylums with acute and chronic cases. This reform must also bring about the establishment of intermediate hospitals for the treatment of acute cases, and the gradual development of large asylums into homes for incurable and chronic cases.

These points DR. VAN BIBBER ably discusses separately and in detail, and he comes to the conclusion that many of the evils to be complained of in our asylum system arise from the unwise association of the curable with chronic cases, and the remedy is to be found in the establishment of the intermediate hospital which is to stand between acute insanity and the asylum. This is the hospital which is to develop the ambition of the specialist, which is to enlarge his horizon, and to bring him out of an asylum into the active world of thought and progress. This is the hospital which is to teach the treatment of insanity as it has not yet been taught, and to educate, under active clinical instruction, the men who are to be the guardians and promoters of a most important reform. The possibility of making a hospital and a school out of what has been heretofore an asylum without educational power, or without the means of using valuable clinical material, is a proud future to look forward to. It means much to the profession. It is of deep significance to the public. It means an assurance that patients confined to the care of the intermediate hospital are to have every advantage of active treatment and good nursing. It means a course of treatment which will divert and distract the patients as much as possible from their sufferings, forcing them by activity to brood as little as possible over the dreary melancholy of their disease. It means the ex-

clusion of every factor that can militate against the recovery of a patient, and the least possible detention after recovery.

DR. FORDYCE BARKER AND HIS ASSAILANTS.

The profession throughout the country was shocked some time ago by an Associated Press dispatch which stated that Dr. FORDYCE BARKER, President of the New York Academy of Medicine, was on trial before the Academy for perjury, the specific acts being his claim of a degree of M. D., which he never possessed, his signature with false titles upon the signature book of the New York Academy of Medicine and also upon the register of physicians at the office of the Clerk of the County of New York, in 1880, and at divers times and places. The Committee on Ethics, to whom these grave charges were referred, have submitted their report, and it is needless to say that their report, unanimously made, contains the most complete exoneration possible of the distinguished physician, noted author and honorable citizen. The report, we are told, was received by the Academy with immense applause and was accepted and adopted without a dissenting voice. We venture to assert that it will be received by the profession throughout the country with not less enthusiasm and unanimity, and that those who believed that "there must be some fire where there is so much smoke" will be heartily ashamed of themselves for having applied the proverb to this case.

This attempt to blacken the reputation of the honored President of the New York Academy is one of the out-croppings of the New Code agitation, which has disturbed the profession of the Empire State for the past two years. It furnishes a fitting illustration of the impotency of hate, and it will be strange indeed if poetic justice is not, sooner or later, satisfied with an exhibition of DR. BARKER'S malicious assailants hoist by their own petard. The zeal of the coterie who have constituted themselves the special champions of the Code of Ethics of the American Medical Association has given frequent exhibitions of its lack of judgment, and has correspondingly scandalized the profession, not of New York only, but of the whole country, but this last display is despicable. It is scarcely conceivable that the defendants of a Code, the tenets of which lay so much stress on the honorable relations which should exist between members of a common profession, could engage in such a baseless attempt to drag down from his high position in the honor and esteem of his contemporaries, one whose views on a simple question of ethics does not coincide with their own. We do not care to argue at this time the correctness or incorrectness of DR. BARKER'S position in supporting the New Code. It matters not, for our present purpose, whether he is right or wrong, but we may even concede that he is wrong and yet not find in the fact the slightest excuse for the insane course of those who in combatting him have adopted methods which reflect no credit on American medicine.

CATCHING COLD.

DR. AUSTIN FLINT contributes the following timely remarks to the N. Y. Medical Journal:

The phrase to "catch cold," so often in the mouths of physicians and patients, is a peculiar solecism. It implies not only that the term cold denotes something positive, but that this something is a living entity, a sort of demon in ætiology, which does not catch, but is caught by the unfortunate victims. The synonym *Erkältung* pervades German literature remarkably. There are few diseases in the nosology in the causation of which "catching cold" does not enter, according to German writers. At the present time a question under discussion in Germany is whether pneumonic fever is attributable to "catching cold," and there appears to be an emancipation of the minds of some of the most distinguished of the physicians of that country from the traditional notion that this disease is the work of the ætiological evil spirit represented by the term "cold."

There is an indefinite latitude in the phrase to "catch a cold." The phrase is used to denote an inflammation or catarrh of the mucous membrane of the air-passages, but its application is extended to various affections in various situations. There is but little ground for its application to the ætiology of the so-called nasal, pharyngeal, laryngeal, and bronchial catarrh; but I shall confine my remarks to the supposed danger of "catching cold" as involved in therapeutics.

If most persons outside of the medical profession were to be asked what they considered as chiefly to be avoided in the management of sick people, the answer would probably be "catching cold." I expect that this question would be answered in the same way by not a few physicians. Hence it is that sick-rooms are poorly ventilated, and patients are oppressed by a superabundance of garments and bed clothes. The air which patients are made to breathe, having been already breathed and rebreathed, is loaded with pulmonary exhalations. Cutaneous emanations are allowed to remain in contact with the body, as well as to pervade the atmosphere. Free exposure of the body is deemed hazardous, and still more so bathing or sponging, the entire surface of the body being exposed. Patients not confined to the bed, especially those affected with pulmonary diseases, are overloaded with clothing which becomes satur-

ated with perspiration, and is seldom changed for fear of the dreaded "cold."

These sketches are from life and the observations of every practitioner furnish real illustrations; the supposed morbific agency of cold is a traditional error deeply rooted in the popular mind. It interferes often, in no small degree, with the satisfactory management of cases of disease. It is an obstacle in the way of securing for patients hygienic conditions, the importance of which may be greater than that of drugs. It is obstructive to the adoption, in cases of fever, of the antipyretic treatment, which is, perhaps, the most important of the improvements in modern therapeutics. How reluctant are physicians, on account of traditional ideas, to make a trial of either the cold affusion of Currie, the cold bath, the wet sheet, or even sponging the body, in cases of pneumonic fever, although testimony is ample of the safety and utility of these measures of treatment! Of those who are convinced of the safety and utility of these measures, how many hesitate to resort to them, lest, if the termination be fatal, the death might be attributed to a therapeutic innovation so opposed to popular prejudice!

A reform is greatly needed in respect to catching "cold." Let the demon be exorcised first from the medical, and next from the popular, mind! Let it be generally known and believed that few diseases are referable to the agency of cold, and that even the affection commonly called "a cold" is generally caused by other agencies; or, perhaps, by a special agent which may prove to be a microbe. Let the axiom, "a fever patient never catches cold," be reiterated until it becomes a household phrase! Let the restorative influence of cool, fresh, pure atmosphere be inculcated! Let it be understood that in therapeutics, as in hygiene, the single word *comfort* embodies the principles which should regulate coverings and clothing. Non-medicinal therapeutics will have gained much when this reform is accomplished.

PROFESSIONAL QUACKS.

DR. ALFRED SHEEN read a very interesting paper recently before the South Wales and Monmouthshire branch of the British Medical Association, on the "Relations of the Medical Profession," from which we note as follows:

We are very hard on quacks, and rightly so; but the biggest and worst kind of quacks are those in the profession, and there are plenty of them; and the public is shrewd enough to see this, and to make the most of it—to the detriment of the profession—although blind enough to run with the crowd after the popular professional quacks of the day. Amongst the varieties of treatment, we have "disease-treating," "case-treating," and "patient-treating." This latter variety is specially contemptible; it is practiced simply to inspire confidence which shall outlive disaster. Never mind the disease. "It is the bane of the highest social grades of practice, and the blighting evil of all. The charlatan is a treater of patients pure and simple." . . . "There is a growing tendency to, and a daily increasing evil of mannerisms and methods in our profession." (Lancet, vol. II, 1876, p. 830.) Not a very long time ago a friend of mine consulted a celebrated physician, who, in the course of investigating his case, told him that he (the physician) had the largest practice in the world; something like the Daily Telegraph, with its well-known advertisement, "the largest circulation in the world!"

"A single purpose, high views, robust self-respect," will save us from falling into many objectionable peculiarities of character, peculiarities at which shrewd and sensible people only smile. MR. TOM HUGHES offers some sensible advice to medical men. He says, "Learn to read character by studying your own, to speak plainly, to practice reticence, and to avoid mercenary habits." Again—

> "To thine own self be true.
> And it must follow, as the night the day,
> Thou canst not then be false to any man."

Our first and chief duty to a patient, when he comes before us, I conceive to be this: honestly and thoroughly to investigate his case, with the sole view of relieving him to the best of our ability; and if, during the progress of the case, we are not quite sure of our own resources, to seek, in consultation, the aid of a colleague in whom we have confidence. It may be that an over-anxious patient will himself suggest a consultation, when we see no need for it; in such a case, I hold it to be our duty to accede to his wishes with a good grace. I believe it is the rule that, when a patient suggests a consultation, he should have the privilege of naming the consultant. This may, at times, place us in an awkward position; we may have sound reasons for not meeting the particular individual named, and we may honestly feel that such a consultation may be of no benefit, perhaps otherwise, to the patient. In such a case, we should clearly and firmly state our views, and, if the patient decline to name another consultant, or do not accept one we may suggest, then it is clearly our duty to give up the case. In declining to meet any particular practitioner, it ought, however, to be clear to our minds that we are strictly just, and that we are acting in the best interests of the patient. A little tact will, in the majority of such cases, overcome all difficulties.

THE BACTERIA THEORY IN OBSTETRICS.

In the course of an address delivered at the late meeting of the N. Y. State Medical Association, DR. T. GAILLARD THOMAS declared that progressive obstetricians are now pretty well agreed that the diseases which follow childbirth are due, for the most part, to the introduction of some contagium or poisonous element from without through the open mouths of exposed blood-vessels, laid bare by the parturient process, somewhere between the fundus uteri and the vulva. This theory once being accepted, it follows, as a natural deduction, that every means in the power of the obstetrician should be adopted for the prevention of the introduction of the morbific agents.

Even although the obstetricians of to-day are not prepared to make aseptic midwifery a rule wherever that art is practiced, it is highly probable that in the very near future this position will be accepted. Even now this method, in modified form, is exerting a beneficial influence and steadily working its way to adoption in spite of the fact that it entails a good deal of trouble on the practitioner. That it can do no harm is quite evident. Does any man, can any obstetrician, maintain that strict cleanliness and the most scrupulous avoidance, so far as it lies in his power, of all things which can possibly admit of the entrance of the agents which in all probability produce puerperal septicæmia, will do any harm in the lying-in chamber? Supposing that only one life is saved out of a hundred deliveries, will any one assert that the saving of this one life would not repay him for the trouble which his preventive precautions have cost him? If the whole theory of the bacterial origin of puerperal fever is false, then in a quarter of a century from now all precautionary measures will disappear and the old *régime* will triumph. But if, perchance, this theory is valid and true, then no power will prevent the realization that aseptic midwifery will be a rule as strict, as inviolable, and as obligatory as the aseptic surgery of amputations and of laparotomy is to-day. Look at the surgery of London, of Paris, of Vienna, and of New York of twenty years ago, with its unclean hands, its fatally dirty instruments, its death-laden sponges, and its foul air, with its terrible mortality, and then look at the surgery of those same cities to-day; and he will be a bold man who dares gainsay the statement that in another quarter of a century no one will venture to rise in a scientific body and declare that any efforts at perfect cleanliness in the lying-in room are superfluous or absurd.

To free the paturient act from the dangers of septic poisoning, to prevent that scourge, the so-called puerperal fever, suppurative arthritis, pyæmia, embolism, and septic inflammation of of the lungs, liver, and other organs, would be to save millions of lives in every generation, and to raise the science of obstetrics to an enviable height.

But the germ theory has done more for obstetric medicine than what has here been alluded to. It has revolutionized the treatment of that variety of septicæmia which has been called puerperal fever. No longer do we depend in the treatment of this affection upon quinine, opium, and the application of emollients over the abdomen. By intra-uterine injections the cavity of the uterus is thoroughly and repeatedly washed out with solution of the bichloride of mercury 1 to 2,000, or with a 2½ per cent. solution of carbolic acid. Surely no one who has experience in the new and the old method will cavil at the statement that a great improvement has been effected by the former.

Were DR. THOMAS called upon to sum up the treatment of a *declared undoubted* case of puerperal septicæmia, marked by the usual symptoms, of pulse of 120, temperature 105° or 106°, which would meet the requirements of our time, he declares that he should give it categorically thus:

1. Quiet all pain by morphine hypodermically.
2. Wash out the uterine cavity with antiseptics.
3. Lower the temperature at once below a hundred, not by the barbarous method of cold bath but by the far better one of the coil of running water.
4. Feed the patient upon milk and upon nothing else, unless some good reason exists for changing it.
5. Exclude from her room all except the nurse and doctor, keeping her as quiet as possible.

INGROWING TOE-NAIL.

Mr. T. D. KING, a student in the University of Pennsylvania, publishes in the Medical and Surgical Reporter, Dec. 27th, a method of treating ingrowing toe-nails, which he has found very successful, and which presents some new features. He holds the condition to be one of an over-growing fold of skin from pressure of adjacent toe on side of boot, rather than an actual ingrowing of the nail, and the new points in his method are based on this view of the trouble:

Scrape or gouge out a narrow groove in the centre of the nail from its base to its free margin, making the nail so thin that when either side is lifted it will turn on this groove as on a hinge, and will not press the opposite side of the nail down into the flesh. Force a small piece of cotton under the edge of the nail on the sound side of the toe. Then take an oblong piece of cotton, as long as you judge you can

possibly use for the purpose, and force the centre of it as far under the irritating point and buried edge of the ingrowing nail as the patient can bear to have it. A very gradual, interrupted introduction of the cotton will cause the minimum of pain to the patient. Then pack one end of the cotton around under the lower margin of the nail. Fold the other end back upon the nail, and push it as much as possible under the flesh at the side and base of the ingrowing nail.

Up to this point there is nothing new in treatment, except, perhaps, the folding over of one end of the cotton so as to form a compress along the inner side of the flesh which has overlapped the ingrowing nail.

Now, take a bandage of muslin, as broad as the toe is long, and about a foot and a half in length, and place the initial extremity underneath the affected toe. Carry it up on the sound side of the toe, over the toe, down over the ingrowing nail, and beneath the toe which lies against the ingrowing nail; then up on the far side, and back over the top of that toe; over the top of the affected toe again, down on its sound side, and under it, thus fixing the initial extremity of the bandage.

Then, lifting the adjacent toe in the loop you have made around it, pull it as far as possible up over the top of the affected toe, and fasten it there by carrying the bandage beneath both toes and making circular turns around the two, held in that position until the bandage is exhausted. Having made as firm pressure as possible without causing pain, fasten the bandage with a pin on top and between the two toes.

Often the bandage may have to be comparatively loose when first applied, but in a day or two it will be found that it can be made very tight without discomfort or pain.

When first put on, this bandage will feel very uncomfortable to the patient; but, if a well-fitting shoe (not a tight shoe) is worn, and the patient goes about his or her usual occupation, in an hour or two this uncomfortable feeling wears off, and the ingrowing nail is forgotten.

Fresh cotton should be put under the nail every day, in the manner described, till it can be pushed back under the edge of the ingrowing nail almost to its base. After that the cotton need be changed but once a week, unless it becomes wet from any cause, when it should be immediately changed.

The bandage may be removed at bedtime, and replaced on arising in the morning, if it occasions any discomfort when worn at night.

The groove in the centre of the nail must be constantly renewed as the nail grows out; and the nail must be trimmed square across when it gets too long for comfort. It should never be trimmed closely, nor should the corner ever be rounded off in trimming it.

This treatment ought to be continued until the adjacent toe has acquired the habit of remaining above the ingrowing nail instead of below it, for it will be found that the majority of ingrowing nails are caused by the adjacent toe, which presses the flesh up over the ingrowing nail.

It will be observed that this method of treatment cannot be used when the ingrowing nail is on the inner side of the big toe, or on the outer side of the little toe. In such cases the nearest approach possible to this treatment will be the use of a piece of cork in the manner suggested by Prof. AGNEW.

ANTIPYRIN.

DR. HUCHARD terminates a lecture on the therapeutics of the new antipyretic, antipyrin, which he delivered at the Hôpital Bichat (Union Médicale, November 29 and December 6), with these conclusions:—(1) antipyrin constitutes a powerful and certain means of lowering the temperature in almost all febrile diseases, as typhoid fever, pulmonary phthisis, pneumonia, pleurisy, acute articular rheumatism and cerebral rheumatism, angiocholitis, erysipelas, diphtheria, puerperal fever, scarlatina, phlegmon, abscesses, etc. It mitigates the symptoms which are due to the pyrexia, acceleration of the pulse and respiration, dryness of the mouth, etc., but it does not seem to possess any *direct* action on the respiration and circulation. (2) It is an antipyretic, but not an antiperiodic, whence its inefficacy in intermittent fevers as a *preventive* of the paroxysms. (3) Its administration only gives rise to slight and occasional complications, such as moderate sweating, pharyngeal constriction, slight nausea or vomiting, and in some relatively rare cases to a rubeoliform or scarlatiniform eruption. No tendency to collapse is produced, nor any intoxication such as is caused by preparations of cinchona and salicylic acid. (4) Numerous observations have demonstrated that it constitutes a powerful, and up to the present time the sole, means of efficaciously lowering the temperature in tuberculous subjects. After a dose of two grammes, administered especially in the evening at the time of the recurrence of fever, the temperature falls half a degree centigrade, by the end of half an hour and sometimes after a quarter of an hour. It then diminishes progressively, until the normal temperature is attained in an hour-and-a-half or two hours. It is, however, sometimes necessary to prescribe an hour or two later another dose of one or two grammes; but in phthisical subjects it, in consequence of the very certainty

of its actions, and with the aim of avoiding accidents that may be induced by hypothermia, should only be administered in small and increasing doses, as from two to four grains. (5) The antithermic effect is ordinarily maintained in these patients for from six to nine hours, and is sometimes precptible on the following day, during which the temperature does not regain its previous height. The subsequent rise of temperature takes place progressively, resembling in that the course of the defervescence. It is never sudden, as with kairin, and is never accompanied, like the latter substance, with more or less prolonged shivering. (6) It is eliminated in the urine, in which its presence is recognised two to four hours after its administration during a period of from 30 to 48 hours. Some drops of perchloride of iron poured into urine of patients taking this medicine immediately produces a highly characteristic red color. (7) DR. HUCHARD cannot speak from his own experience as to its effects in typhoid fever; but he is disposed to regard the doses of from six to eight grammes per diem, recommended by various observers, as excessive, as in several of the cases in which they had been employed a condition of hypothermia had been induced, the temperature falling to 35° or 36° C. In typhoid fever, also, the temperature, after having been lowered, will, about the fifth or sixth day, rise again a degree centigrade for about an hour, after which time it resumes its regularly descending progress. DR. HUCHARD has also noted the same temporary ascent of the temperature during the apyrexia, due to action of antipyrin on the fever of phthisis.

THE CARBONATE OF TITANIUM FIASCO.

We gave in our issue of 10th ult. an exposé of the imposition which was sought to be practiced on the profession under the name of "carbonate titanium," an alleged remedy of great power and much employed by French women, in re-establishing menstruation when, from almost any cause, the function becomes suppressed. Like all other impositions of this character this would have gained volume and strength with time, and (such is their history) the profession, had it not received timely warning, would have soon waked to a realization of the fact that it had nursed into vigorous life a dangerous reptile. It is a somewhat humiliating acknowledgement, but the facts force the admission, that medical men, considering their average intelligence and knowledge of men and things, are very readily imposed upon by the plausible representations of quasi-scientific manufacturing pharmacists. Many of the preparations which are now being sold directly to the public, without the physician's prescription, and alike to the danger of the patient's health and the detriment of the physician's pocket, were advertised into notoriety by the aid of certificates wheedled out of pliant practitioners, who gave no thought to the consequences of the imposition on their good nature. When once the public has been reached, the interests of "physicians only" cease suddenly to concern the manufacturers who were previously anxious that their copy-righted preparations should reach the public only through legitimate channels. Fortunately the scheme of the "carbonate of titanium" man was exposed before it had time to fully develope. This timely nipping of it in the bud, without doubt, prevented the developement by the profession of what would have proven an affair of which those who had been entrapped by it would have been heartily ashamed. We are glad to observe that The Medical World, through which the impossible salt was deftly announced, has since repudiated the whole matter and given an explanation of the manner in which it was roped into it. Our contemporary uses its connection with it to point the following moral: "Do not send communications to medical journals upon subjects which you do not understand." That is good for readers, but how neatly the affair would point a moral which might be particularly valuable as a rule of conduct for editors!

THE IDEAL PHYSICIAN.

PROF. GAIRDNER gives the following as his conception of the ideal physician:

1. He must be careful and accurate, and at the same time a keen and quick observer of nature.

2. He must be able to connect his isolated observations of fact by rapid, and at the same time trustworthy, processes of reasoning.

3. He must, in dealing with emergencies, endeaver to have always what the Greeks (and DR. JOHN BROWN after them) called *ἀγχίνοια* —nearness of the *nous*, *i. e.*, presence of mind.

4. He must, as a surgeon or accoucheur, have much deftness of manipulation—manual dexterity, as we call it; or perhaps still better, ambidexterity.

He must treasure in his memory, and be constantly increasing from day to day, large stores of various reading in his own and other languages, in order that not only past observations, but also the vast field of scientific progress in its relation to his art may be constantly before him, or at least freely accessible when wanted.

6. He must be able to write, at the very least, in his own language, with vigor, compactness, and lucidity.

7. He must have a soul above mere money-grabbing; must on no account degrade his profession into a trade; but must be, as far as pos-

sible to human nature, the disinterested friend, the companion, the good genius, I had almost said, of all his patients.

8. For this reason, if for no other, he must in every case have in him the distinctive essence of what is called a gentleman; and if his practice is, or is ever to be, among what are called the upper classes, he must be a gentleman, not only in principle but in detail; not necessarily what is vulgarly and falsely often styled a fine gentleman, but a gentleman in outward manner as much as in the inner spirit.

9. He must be a man endowed with a deep sense of moral responsibility, so as to beget confidence and unfailing trust in him on the part of his fellow-men. Responsibility, therefore, to them in the first instance; but underlying that, and sustaining it as surely as the root and the stem sustain the flower—a deeper and more latent responsibility to Him who is the source of all good, and, therefore, of all moral principle and moral responsibility whatever.

INFECTIOUS SORE THROAT.

DR. HUGO ENGEL, of Philadelphia, contributes to the Medical Times of that city an article on infectious sore throat, which contains some points worthy of attention, if, haply, they do not find corroboration in the observation of some readers who may not yet have reduced them to formula shape. He holds that there are two forms of acute sore throat, the catarrhal and the infectious. In the first, abscess in one or both tonsils is common; in the latter, it never occurs. In the former the inflammation, although it may be high, never assumes the angry, dark-red, shiny hue which is usually seen in typical cases of the latter. Further, while in both, the tongue is apt to be heavily coated, in the catarrhal form, after the coat has been thrown off, the tongue resumes its normal appearance; but in the infectious variety it shows the same fiery redness as the throat, being shiny near its point, resembling the strawberry tongue of scarlatina, and evincing a tendency to dryness. In the infectious form the patient, moreover, suffers from the beginning with a peculiar weakness or lassitude, which is never observed in the catarrhal kind. The infectious variety frequently makes its appearance in a house in which there is diphtheria, the same rheumatic symptoms and the same peculiar eruption which sometimes occurs in diphtheria making its appearance in it. Albumin may also be frequently found in the urine of patients suffering from it. These symptoms are never observed in connection with the catarrhal variety. This infectious form of sore throat is, in DR. ENGEL'S opinion, more frequently met with in females than in males. While he cannot fully subscribe to the opinion that it and diphtheria have a common origin, he still admits that appearances are suspicious. He, indeed, recalls a case in which one of two persons sleeping in the same bed was attacked with this form of sore throat while the other was attacked with diphtheria.

DR. ENGEL, in the treatment of these infectious sore throats, always commences with an emetic, and as long as vomiting and the coating on the tongue continue, he gives as little nourishment as possible. This irritability of the stomach and coated condition of the tongue usually last to the third day, when liquid food is commenced with, solid food being given as soon as it can be swallowed without causing pain to the throat. The following gargle, every ten or fifteen minutes, is beneficial:

℞ Acidi salicylici, ʒ i.
Acidi carbolici, ♏ xxjv.
Sodii boratis, gr lxx.
Glycerini, ℥ i.
Aquæ destillatæ, ʒ xi.
M.

Internally the following:

℞ Quininæ hydrochloratis, gr. xxxvi.
Tr. ferri chloridi, ℥ i.
Acidi muriat. dil., ʒ ii.
Tr. cardamomi comp.
Glycerini.
Syr. aurant. cort. aa. qs ad, ℥ iii.

MIX. Sig.—Take a teaspoonful in a half tumbler of water every three or four hours.

The size and frequency of the dose should be diminished as soon as the tongue becomes moist, and the general condition indicates betterment. As soon as any symptoms of disturbance of the urinary function appear, he gives a teaspoonful of an infusion digitalis every four hours.

PEPTONES AND ENTEROCLISM.

In cases of strangulation by compression of the intestine or by degeneration of the viscus, DUJARDIN-BEAUMETZ (Bull. Gen. de Therapeutique) recommends the employment of a method recommended by CANTANI, of Naples, to which he has given the name enteroclism. The apparatus for performing enteroclism is extremely simple, and consists of a reservoir furnished with a plug corresponding to a caoutchouc tube with a canula, which is carried into the intestine, and a more or less intense current is set up in the gut, according to the height to which the reservoir is carried. CANTANI has shown that certain bodies, oil among others may be made to penetrate not only the large intestine, but even into the small, and so far up that the oil will be vomited. He applies his method not only to strangulation, but also to the dressing of affections of the intestinal mucous membrane; and DOMINICS, PAOLUCCI,

PERA, PERLI, and more recently MUSELLI, have shown that this method has great advantages. DUJARDIN-BEAUMETZ has shown that the DEBOVE tube is the best enterocliseur, as it may be carried high up into the intestine by reason of its suppleness; and by the aid of the siphon the intensity of the current may be varied at will. The tube for this use should have an aperture relatively small, so as to give greater force to the jet. The question of alimentary enemata is now quite definitely determined. ALBERTONI, GARLAND, CZERNY, and others have shown that the large intestine and its lower extremity have no digestive properties; they can only absorb. It is necessary, therefore, as has been shown by DUJARDIN-BEAUMETZ and CHEVALIER, that the enemata, to be nourishing, should contain peptonized substances, and this is one of the most useful applications of peptones. The peptones now on the market are both solid and liquid; the dry are much to be preferred to the liquid. The enemata should be carried as high as possible into the intestine, by means of the DEBOVE tube or on one of the entercoliseurs. The rectum should always be thoroughly washed out before the enema is administered. The composition of the clyster should be about as follows: the yolk of one egg, two dessertspoonfuls of dry peptones, five drops of laudanum; if the peptones be acid, add about gr. vij of bicarbonate of soda. If liquid peptones be used, the quantity should be two tablespoonfuls; and the enemata are given morning and evening. CATILLON and DAREMBER have shown that this method of feeding may be continued for a month without irritating the rectum.

THE "HOT EYE" OF GOUT.

The study which has been devoted to gout of recent years, has shown it to be a disease of very protean aspect. It was the belief of a late distinguished surgeon that the modern man falls short of the ideal manhood because of the impairment of his original possibilities by the taint of syphilis, which he held to have reached to the minutest ramifications of humanity, and which reveals itself in manners not yet properly comprehended. There may be, and, doubtless, is, considerable foundation for this belief, but the tendency of the study of recent years is to fix gout as an affection scarcely less permeating, especially among those who are enabled, through inherited means, to gratify their desire for the pleasures of the table. As a rule, those who have acquired the necessary means have done so through habits of mind and body not calculated to develop this affection.

Among the manifestations of gout to which attention has been called is that which Mr. JONATHAN HUTCHINSON designates as "hot eye." It shows itself in the frequent occurrence of short attacks of congestion of the eye, the conjunctiva becoming red and the eye-ball feeling hot and pricking, as if sand were in it. This condition of the eye may come on within half an hour after a meal which has disagreed with the patient, and may last a few hours or a day or two. The eye is usually well during the intervals between the paroxysms. The paroxysmal character of these attacks, their sudden development and their complete and rapid disappearance, especially mark their arthritic relationship.

MR. HUTCHINSON makes a further practical note on this subject, and one which would seem to merit especial attention in view of the many be-spectacled young children which we see on our streets of later years. It is to the effect that many cases of irritable, hyperæsthetic and easily-tired eyes in young persons are in association with inherited gout. Some slight degree of hypermetropia may be detected in these cases and this being assumed to be the cause of the trouble, by the ophthalmologist, he accordingly orders glasses. Yet glasses do no good, and in fact, only increase the irritation in these cases, which must be treated by constitutional rather than by local remedies.

EXTERNAL USE OF CHLOROFORM IN LABOR.

While death from the use of chloroform during labor is one of the rarest occurrences, there are circumstances under which we might wish to avoid the employment of the anæsthetic after the ordinary method, while desiring at the same time to secure its effects. Such circumstances will readily occur to anyone on the slightest reflection, and, indeed, if the local action of the drug on the uterus can be secured without general anæsthesia, the consummation is devoutly to be wished in the vast majority of the cases in which it is deemed necessary to have resort to it. If this action can be secured, moreover, a vast amount of the suffering now endured by the parturient female might be avoided, for as between a considerable degree of suffering and the disagreeable features of general etherization, the physician and, indeed, the patient herself would choose the former.

In an article translated from the Swedish for the Chicago Medical Journal and Examiner, DR. A. SVANBERG gives a description, with illustrative cases, of a method of applying chloroform externally by means of which its local action on the uterus may be secured without general anæsthesia. He applies the mixture of equal parts of chloroform and sweet oil, or chloroform two parts and sweet oil one part, over the uterus, by means of a flannel soaked in the mixture. As a means of allaying tonic spasm of the uterus and rigidity of the os he

has found it to serve an excellent purpose. In hour-glass contraction with retention of the placenta, and when for any reason it is found necessary to introduce the hand into the uterus this method may, he says, be depended on. Since his first use of it in this manner, over seven years ago, he has not found it necessary to administer chloroform by inhalation, for rigid contraction of the uterus, and in several cases he has turned and delivered without suffering to the mother. In several cases he has found it necessary to repeat the application in five minutes.

While we should recommend a trial of this new method, we should admonish to caution against the irritant action of chloroform thus applied, and the danger of the mixture finding its way to the mucous membrane of the vulva and vagina, where it might cause a degree of pain which it would be desirable to avoid.

ALCOHOL AND ALBUMINURIA.

In the course of an annual address recently delivered before the Medico-Chirurgical Society, of Ottawa, Canada, DR. J. A. GRANT let drop the following pertinent remarks on albuminuria: "JOHNSTON, of King's College, London, affirms that 'the smallest trace of albumin in the urine is always pathological.' It is 'the frequently recurring and persistent albuminuria which is found to be sooner or later associated with serious degeneration of the kidney.' By far the most numerous cases of albuminuria, are those occurring in persons supposed to be healthy, but who at some previous period, have had an attack of acute renal trouble. Quasi health with latent disease, frequently follows such attacks, and cannot be too cautiously guarded. It is interesting to have in view the fact that while urine voided before breakfast, and after a night's rest, is free from albumin, yet, after food and exercise, it may become abundant. Renal or non-renal albuminuria, is the question. It is known that frequently, both before and after menstruation, for a few days at least, the urine may contain a small quantity of albumin. Various trivial causes are cited as producing albumin in the urine, and amongst others, indiscretion of youth. The absence of constitutional evidences of renal disease, with urine normal in every other particular, excepting albumin, would point to a local origin, non-renal in character. Albumin under any circumstance cannot be too critically examined. In Canada my observation leads me to the belief, that the most prolific source of kidney-trouble, is alcohol; not alcohol in large quantities, but its quiet and regular use, in the daily round of life. Many escape this disease, thanks to the power of their kidneys, but on the other hand, not a few come to grief. Night micturition is an early indication, and alcohol has actually been found in the urine, having escaped thus, from the over-charged system. Albumin is, then, only sometimes present. Too much stress cannot be placed on the power which alcohol exercises on the system, even in moderate form, towards the development of albuminuria."

THE DANGER OF FEVER HEAT.

The Deutsche Medizinal-Zeitung publishes an address delivered by PROFESSOR NOTHNAGEL before the Society of Physicians of Vienna, the subject of which is so important that we transcribe (from a translation by the New York Medical Journal) a few of the sentences. Speaking of the needless alarm felt by physicians at the presence of a moderately high temperature, NOTHNAGEL says: "I would not neglect this opportunity of lifting up my voice in this place against the (I can give it no other name) *abuse*, which has prevailed almost universally in practice, of wishing to treat fever *à tout prix*. If the physician is called to a patient who fell ill yesterday, and to-day has a temperature of 38·5° C. [101° F.] or 38·7° [101·6°]—a positive diagnosis cannot be made, since no certain local affection is yet to be discovered—his treatment consists in ordering quinine or some other antipyretic. In order not to do any harm, a small dose is prescribed, but, at any rate, quinine is given, with the idea that the fever must be opposed. . . . I am firmly convinced, and hope, that this false and erroneous use of quinine which is at present the fashion will after a time again disappear. I need not remark that, as quinine is administered in the majority of cases, it is perfectly useless for the lowering of the temperature. One, two, three, five decigrammes—even a gramme, when distributed over the twenty-four hours—has no effect; on the contrary, actual harm is done. . . . According to my conviction, with which many other investigators agree, fever, in a very large number of cases, belongs to the most beneficial influences, to those phenomena and processes of reaction which we may regard as compensatory. What *rôle* these compensatory processes play we know not. Temperatures which exceed 40° C. [104° F.] must, however, be energetically controlled, but temperatures of 39° [102·2° F.] do not require such vigorous treatment, especially in diseases which run a brief course. In short, it may be said that a temperature which does not exceed 40° C. [104° F.] does not injure the patient."

ENVIRONMENT DETERMINING SEX.

W. K. BROOKS, in Popular Science Monthly for January: From these observations and from many others quoted by DURING, I think that we may safely conclude that among ani

mals and plants, as well as in mankind, *a favorable environment causes an excess of female births, and an unfavorable environment an excess of male births.*

Now, what is the reason for this law? If the welfare of the species can be secured, under a favorable environment, by females alone, why are males needed when the environment becomes unfavorable?

I have tried to show, in another place, from evidence of another kind, that the female is the conservative factor in reproduction, and that new variations are caused by the influence of the male. While the environment remains favorable no change is needed, but, as the conditions of life become unfavorable, variation becomes necessary to restore the adjustment, and I believe that we have, in DURING'S results, an exhibition of one of the most wonderful and far-reaching of all the adaptations of Nature—an adaptation in virtue of which each organism tends to remain stationary as long as no change is needed, and to vary when variation is demanded.

That this is the true view is shown, I think, by the contrast between domesticated animals and captive animals. The fact that an animal has become domesticated shows that it finds in captivity a favorable environment, and DURING says that domesticated animals are unusually fertile, and that they produce an excess of females. Animals which are kept as captives in menageries and gardens have, as a rule, no fitness for domestication, and their conditions of life are unfavorable. GEOFFREY SAINT-ILLAIRE says that individuals born in menageries are usually male, while skins sent to museums are usually female, and that the attempt to domesticate a wild animal increases the number of male birds. DURING states that captive birds of prey and carnivorous mammals are very infertile, and that the young are nearly always males.

MURIATE OF COCAINE—KOLLER'S DISCOVERY ANTEDATED.

DR. GEO. T. HUNTER, of Holly, Michigan, writes as follows:

In the early part of the summer of '84 I procurred a gramme of cocaine muriate from PARKE, DAVIS & CO., of Detroit, and used it at that time for operations on the eye. This was before the time of Koller's investigations. Taking some up on the point of the index finger and touching it to the tongue I realized in a very short time that the part of the tongue so touched became perfectly numb and void of sensation. I accidently rubbed the external canthus of the eye with the point of the finger with which I had handled the cocaine, and in a short time found, upon a second rubbing, that that part of the canthus and a portion of the conjunctiva were without sensation. This suggested the idea of applying the cocaine in strong solution while treating granulated sore eyes, and applying strong remedies into the eye, which was done without pain or uneasiness. I also use the cocaine for earache with complete relief, the salt proving itself to be superior to atropine and morphine in this annoying complaint. I have used coca in some form for upwards of eight years, from the crude leaves to the alkaloid.

[It is exceedingly unfortunate for DR. HUNTER that he did not report his discovery promptly when made. By common consent the person who first publishes his discovery is the recognized discoverer. To make such a discovery as that of the anæsthetic properties of cocaine is an honor vouchsafed to few, and, as we have intimated, it is very unfortunate that the person making it should through direliction behold the laurel transferred to other brows. MORAL: Report promptly your singular experiences in your medical journal.—ED.]

PASTEUR'S OPINION ON CHOLERA.

PASTEUR'S opinion on cholera in a letter to the Figaro (St. Louis Medical and Surgical Journal): "All prophylactic measures proposed by DR. KOCH in Marseilles and Toulon have been known ever since it had been demonstrated that cholera is principally transmitted by cholera-dejections.

"DR. KOCH condemns street sprinkling or the flow of water in the gutters, for humidity is favorable to the propagation of the epidemic. This is not my view. In the dust of the streets, in chambers or in dry dirty clothes there are choleraic microbes; if these microbes are dried to the loss of vitality, all subsequent wetting will not restore life.

"If, on the contrary, dessication was such that humidity might favor the return to life, it is yet that they be kept moist, as being less susceptible of being wafted by the wind in every direction.

"If they are left in the state of relative dryness, which has not killed them, the least breeze might bring them in contact with our mucous membrane, where they would find the humidity necessary for their existence.

"Who would be willing to sleep or to eat in a room where persons have died of cholera, and where soiled garments and bed clothes have been left in a dessicated state?

"DR. KOCH advised that dejections on the floor of sick room should be wiped and rubbed with dry rags and burned. This is impracticable; furniture and floors cannot be thoroughly cleansed with dry cloths, still less dirty cloths. Burning up of the rags is objection-

able, for tinders or imperfectly burned particles may become detached and float about in the room. Plunging in boiling carbolized water is decidedly preferable. Vacating and airing a room six days is also insufficient.

VAGINISMUS.

Dr. Egerton Y. Davis reports a remarkable case of vaginismus, in the Medical News, of Philadelphia, and one, withal, presenting some quite novel features. A gentleman hearing a noise in his coachman's room went in to investigate the cause and was shocked and surprised to find the coachman and a servant maid in bed, and in a compromising position. The noise which he had heard was caused by their efforts to disengage themselves, and on the gentleman's entry they redoubled these efforts, with a corresponding increase of suffering, as evinced by the screaming and struggling. They rolled out of bed together, but in spite of this and further frantic efforts, they still remained connected. After vainly endeavoring to bring about a separation, the gentleman sought Dr. Davis' assistance. On arriving at the room he found the situation unchanged, the penis being firmly held in the vaginal embrace. The doctor applied cold water and ice, but to no purpose, and after still other efforts had failed, he placed the woman under the influence of chloroform. A few whiffs of the anæsthetic sufficed to put her to sleep, and to relax the spasm of the sphincter, when the captive penis, swollen and livid, was set at liberty. The spasm of the the muscle must have occurred at two points for there were two constrictions, the organ presenting a perfect picture of Iago's "beast with two backs." The case is both peculiar and interesting, and affords an explanation of how it happened that Phineas, the son of Eleazar, was able to thrust his javelin through the man and the Midianitish woman. The woman, probably, had an attack of vaginismus and was not able to release the man in time to avoid the disaster.

THE METRIC SYSTEM IN CONGRESS.

A bill is now pending in Congress, and bids fair to be enacted as a law, which provides for the establishment of the metric system of weights and measures in the departments of the government and branches of the federal government, from and after the 4th day of March, 1889. This system is to be exclusively employed in such departments and branches, provided, however, that in all other transactions than those in which the United States is a party, it shall be lawful to employ the weights and measures now in use. The bill provides that a knowledge of the metric system shall be taught in all the schools and colleges now under control of the federal goverment or hereafter aided by it, or that such knowledge shall be required to admit students to the said schools and colleges. All laws inconsistent with the requirements of the proposed bill are by its enactment, to be repealed.

In view of this fixation of the time at which the government proposes to place itself in harmony with the leading nations of the world in this important matter, it would seem to be imperative that the medical profession, at least, be not found laggards in this matter. The old practitioner will find it somewhat difficult to adapt himself to the new arrangement, and it would, perhaps, be exacting too much of him to adopt it. There is no valid reason, however, why the younger men, and those who are now undergraduates, should not adopt the new system long before the date fixed for its adoption by the government. Certainly the medical schools should at once bestir themselves, and at once commence to familiarize their students with the coming system.

INTRA-VESICAL INJECTIONS IN CYSTITIS.

Dr. C. W. Robbins reports in the Medical Record of the 27th ult., a method of washing out the bladder, which he has found to be valuable in cystitis and which he regards as original with himself. It consists in injecting the fluid directly into the viscus by means of a a Davidson's syringe, per urethram. The fluid is voided by the patient shortly after the bladder has been filled, when the operation may be again and again repeated until the returned fluid is clear. Dr. Robbins treats gonorrhœa by means of injections of this nature. He employs a solution of potassium chlorate and permanganic acid, injecting about ten ounces of the fluid without causing the slightest pain or discomfort. He prepares his permanganic acid after the following formula:

℞ Potassæ permanganatis, gr. ix.
Aquæ dest, ʒ i.
Solve et adde.
Acidi sulphurici, C. P. ♏iij.

He adds from one to three drachms of this "acid solution" to sixteen ounces of a half-saturated solution of potassium chloride.

We can testify to the value of this method of washing out the bladder in the female, having employed it in this sex, but having had no experience in its use in the male. We should anticipate some trouble in forcing the solution through the male urethra, and would hesitate before washing the virus of the urethra into the bladder, in a case of gonorrhœa. A reverse current syringe would be less objectionable in

such cases. The internal administration of benzoic acid and the washing of the bladder with a solution of borax has proven an excellent treatment of cystitis in our hands.

VARIOLA AND VARICELLA.

It is only the practitioner whose experience is limited, who makes light of the difficulty of making a differential diagnosis of small-pox, in the early stages of the disease. This difficulty is frequently so great, especially when the patient bears marks of successful vaccination, as to require time to overcome it. A professional gentleman of this city professes to be able to distinguish between the two diseases, even while the eruption is in the papular stage, by his sense of smell. Doubtless this sense exists in a degree of extreme acuteness in some men, as we know for a certainty it does in some animals, but for the practitioner of the average nose this method of making a differential diagnosis can never be of value. This inability to promptly decide between the existence of a trifling affection and a grave disease, is not calculated to elevate the profession in popular esteem. Any point, therefore, which will assist in removing this opprobrium medicorum will be warmly welcomed. We have one given us by DR. C. BAREGGI (Centralblatt für Klinische Medicin). He withdraws the fluid contents of variolous papules and pustules, and having made dry preparations of them in the usual way, stains them with methylene blue. Under the microscope they exhibit large numbers of the cocci described by Klebs as characteristic of variola. The author could discover none of these cocci in pus withdrawn from any other source, thus establishing the non-identity of variola and varicella.

THALLIN, THE NEW ANTIPYRETIC.

The list of antipyretics has received the principal share of the additions to the materia medica during the past year. Kairine and antipyrine, the chief of these, have excited considerable attention, and have found considerable favor, and now we have still another candidate for a position on the list—thallin. It is a synthetic production, somewhat accidentally discovered by DR. VON JÆSCH, of Vienna, who recently introduced it to the notice of the Society of Physicians of that city. Chemically, thallin is a tetrahydroparachinanizæ, and we find it difficult to restrain our enthusiasm for the man who gave it forth under its disyllabic synonym. Life is too short, and the danger of sub-maxillary dislocation is too great, to permit the discreet man to employ the chemical name, except on state occasions.

DR. VON JÆSCH maintains that thallin is an antipyretic, pure and simple, in which respect it differs from quinine, salicylic acid, etc., which combine other properties which it is sometimes desirable to avoid. In 86 cases, including pneumonia, typhoid fever, erysipelas, measles, etc., in which he employed it, it reduced the temperature with certainty and without any disagreeable or other effects which attend the employment of the other antipyretics referred to. In no case had it any effect on the course of the disease, being purely a remedy that reduces temperature. The dose is from four to twelve grains, which is sufficient to keep the temperature down for several hours.

TRACHEOTOMY WITHOUT A TUBE.

The danger and inconvenience connected with the tracheotomy tube *per se*, are sufficiently great to have aroused a desire for some device which would obviate them. The matter was the subject of discussion before a late meeting of the Philadelphia Academy of Medicine. DR. J. B. ROBERTS said he had had so much difficulty in keeping the tube clear that he had discarded it entirely, and instead cut out a rectangular piece of the trachea and stitched the edge of the opening to the skin. He found this to answer better than the double canula which is liable to become choked with secretion. DR. PACKARD had operated in this manner, but feared to adopt it as a general rule lest constriction of the trachea occur through cicatrization of the opening on healing. He instanced one case in which this had occurred. He thought the testimony in favor of tracheotomy without a tube was, however, very strong. DR. J. H. BRINTON recalled two cases in which the tube had been dispensed with. The membrane was readily ejected and there was far less trouble than from the tube. Both cases, however, died from the diphtheritic infection. DR. NANCREDE regarded the danger from ulceration from the irritation of the tube as sufficiently great to warrant the adoption of such a substitute for it as had been suggested, and the sentiment of the meeting was in favor of according a trial to the method of performing tracheotomy which should dispense with the canula.

TO REMOVE SCARS.

We cannot cite the authority for the following which is now on its rounds through the press, and reproduce it merely for what it is worth, the reader being left to test it for himself:

"Place the ends of two or three fingers on a scar if it be a small one, and on the margin if it be large, and vibrate the surface on the tissue

beneath. The surface itself is not to be subjected to any friction: all the motion must be between the integument and the deeper parts. The location of the vibratile motion should be changed every ten or fifteen seconds until the whole scar has been treated, if it be of moderrte size. If the scar be the result of a large scald or burn, the margins only should be treated at first: the advances toward the centre should be deferred until the nutrition of the margins has been decidedly improved. Only a little treatment should be applied to any one spot at the same time; but the vibrations should be repeated as many as twenty times a day, but never with sufficient frequency or severity to cause pain. If the scar becomes irritable, suspend treatment until it subsides. In the course of two or three weeks of faithful treatment, the surfaces of the scars of moderate size become more movable, and will begin to form wrinkles, like true skin, when pressed from side to side. All these changes are due to improved nutrition, consequent on better blood-circulation,—the development of entirely new sets of blood-vessels in the cicatricial tissue.

PIN SLING.

DR. SAMPSON GAMGEE, Consulting Surgeon to the Queen's Hospital, Birmingham, describes in the Lancet a convenient device for a sling, which will commend itself for its simplicity. A gentleman consulted him for a painful condition of the tip of his left little finger. To secure the benefits of physiological position and immobility he bent the elbow at an acute angle and raised the hand; then pinching up the sleeve at the wrist he fixed it to the coat by a strong safety-pin. With another pin he attached a fold of the sleeve to the coat just under the elbow. Rest was absolute, the fingers waxed pale and easy, and the patient went to his office duties in comparative comfort. A third pin, fixing the inside of the arm to the body of the coat, adds greatly to immobility. In this position DR. GAMGEE has found one pin very useful in steadying the shoulder of a young lady who had had it dislocated three times. She had barely recovered from the last accident when she was very anxious to go to a ball. By fixing with a safety pin, the inside of the sleeve to the bodice, a trusty, yet invisible checkmate was provided, allowing freedom of hand but barring abduction. These are trifles, only noted apologetically, because *pro re nata* they may be useful.

AS OTHERS SEE US.

Under the title of "American Notes," Mr. LAWSON TAIT contributes to the Birmingham Medical Review, for December, a review of the chief incidents of his recent visit to this country. The distinguished surgeon was evidently delighted with the courteous attention bestowed on him by the profession in our Eastern cities and in Canada. Among many very complimentary things, Mr. TAIT says: "American doctors regard a run over to Europe every few years as a kind of class taking in a cosmopolitan post-graduate college, and from what I have seen of surgical practice on our own continent, in this country, and in America, I have no hesitation whatever in recording my opinion that it would be vastly beneficial to both continental and English surgery if return visits were made in larger numbers. I do not say we are lacking either in surgical culture or in earnestness of purpose, but on the great Western Continent there is an enthusiasm, a vivid interest in life, a regular go-a-headedness of which it would be well if we had a stronger infusion. The general summary of my visit to the United States and to Canada may be briefly put in the statement that no Englishman can obtain a reasonably full grasp of how the world is moving, or of the numerous phases of life, medical and surgical, as well as others, until he has seen life across the Atlantic."

OBITUARY—GEO. A. HARDING, M. D.

DR. GEO. A. HARDING, of Sault Ste. Marie, Mich., died Nov. 22d, 1884, of typhoid fever contracted by exposure and over work in the care of fever patients. He was confined to his bed nine days. DR. HARDING was a man of fine attainments, and one of the best known practitioners in northern Michigan. He pursued his medical studies under the private instruction of DR. HAL C. WYMAN, of Detroit, and graduated from the Medical Department of the University of Michigan in 1878. He located at once in Sault Ste. Marie, where his energy and skill soon placed him in the front rank of the profession. He was elected president of the village, and held several important positions by the suffrages of his fellow citizens. He was acting assistant surgeon U. S. A. at Fort Brady, and surgeon for the Marine Hospital service at Sault Ste. Marie.

Few men possessed in so large a degree the many qualities of head and heart that go to make a skilful and popular physician. He will be greatly missed in professional circles in the northern part of the state. D. W. B.

RED CLAY FOR SPRAINS.

DR. THOS. L. SHEARER, having announced, in the Lancet, the application of red clay as a new method of treating sprains, DR. G. G. ROY, of Atlanta, Ga., takes occasion to say, in the Southern Medical Record, that the negroes of

Virginia have from the earliest days employed this substance to this end. Since the doctor's recollection red clay, made soft with vinegar, has been a domestic remedy for bad sprains in Virginia. Softened with water to the proper consistency, this clay has also been used as an application to the eyes when there is general conjunctivitis and great tumefaction of the lids. These uses of red clay are said to have been learned from the Indians in the early settlement of the state. DR. ROY bears testimony to its great value in severe sprains, declaring that better than any other remedy, it relieves pain and diminishes redness, swelling and stiffness of the joints. It is made into a poultice with hot vinegar and kept snugly in place around the affected joint by means of bandages.

SUB-CARBONATE OF IRON IN SURGERY.

In an article in a recent number of the Journal de Médecine of Brussels, DR. TIMMERMANS calls attention to the great advantages possessed by the sub-carbonate of iron in the treatment of wounds and ulcers, and especially when these last are chronic, as it causes too much pain as long as any inflammation is present. He regards it as efficacious as iodoform, without its disagreeables and dangers. In recent wounds it arrests hæmorrhage and hastens cicatrization, and recent ulcers due to excoriations or contusions are rapidly healed. After the ulcer has been washed and dried, its surface and edges are covered with a layer of the powder from one to three millimeters in thickness, over which is placed a pledget of charpie and lint, and a bandage. During the first days the dressing is removed from two to three times a day, and according to the amount of discharge. Care must be taken not to allow of accumulations of pus, it being necessary that the iron should be in direct contact with the ulcerated surface.

GLYCERIN VAPOR FOR COUGHS.

According to M. FRASTOUR, whom the Lancet quotes from Gazette Medical de Nantes, the inhalation of the vapor of glycerin is a means of great value in the treatment of obstinate coughing. His method is to evaporate two ounces of glycerin from a flat porcelain dish by the heat of a spirit lamp, the patient being allowed to inhale the vapor. The glycerin may be medicated as the case may seem to call for, and TRASTOUR has found the addition of carbolic acid of value in the treatment of consumption.

OSGOODE'S CHOLAGOGUE.

This proprietary compound is extensively employed by the people of malarial districts. Its formula is as follows:

Sulphate of quinine	2 drachms.
Fluid extract leptandra	2 "
Saturated tinct. stillingia	4 ounces.
Fluid extract phdophyllum	3 drachms.
Oil of sassafras	10 drops.
Oil of wintergreen	10 "
New Orleans molasses, enough to make	8 oz.

The dose is given at one or two teaspoonfuls.

APOMORPHIA IN NERVOUS AFFECTIONS.

DR. WEILL states in Lyon Médicale that he has used this drug in several cases, and summarizes his results as follows: 1. The hydrochlorate, given hypodermically, in doses of from one-thirtieth to one-tenth of a grain, has a favorable action in various spasmodic affections, such as obstinate hiccough. 2. It also acts well in cases of a convulsive character, such as epilepsy and chorea. 3. By using the drug carefully, the sedative effects may be produced without the nauseating action.

A CORN CURE.

The following, from the French, is another addition to the long list of cures for corns: Dissolve one part of phosphorus in three hundred of olive oil, and with the solution saturate the stocking at the point covering the corn. A daily repetition of this treatment for fifteen or twenty days will, it is said, cause the excrescence to disappear.

DR. ROBERT MEADE SMITH, of Philadelphia, Professor of Comparative Physiology in the University of Pennsylvania, and recently appointed editor of the Therapeutic Gazette, in conjunction with DR. HORATIO C. WOOD, of the same city and seat of learning, visited this city last week in connection with his new duties. The opportunity was embraced to give him a complimentary dinner and the affair was one of the most sumptuous in the history of the Detroit Club, at which it was given. The following gentlemen were present to welcome DR. SMITH: DRS. MCGRAW, LYSTER, BRODIE, BOOK, SHURLY, WALKER, WYMAN, CONNOR and MULHERON, and Messrs. GEORGE S. DAVIS and WILLIAM E. QUINBY. The guest created a most favorable impression, and left no doubt in the minds of the local profession that the signal success which characterized the

Gazette under its previous editorial management, will suffer no interruption under his supervision.

PROF. JÆGER, "discoverer of the soul," and of woolen-clothing notoriety, has made a discovery before which all his previous discoveries pale. It is the fact that a homœopathic attenuation of human hair is a remedy for all human ills. He has applied for a patent for it in Austria, under the name of "Haarduftkügelchen," which, being translated, is "Hair-odor granules." The female hair is said to be the most potent, promoting appetite, invigorating the system, etc. It must not be supposed that a solution of hair in soup, or an oleate of it, as sometimes found in butter, will do all these wonderful things. Such accidental attenuations are not high enough, and are, consequently, nauseating. You, in the words of the author, "add one hair to the waters of the Lake of Constance, and this is about the dilution attained in the granules." The fool-killer has, evidently, not yet fulfilled his mission in Europe.

The latest evolution of the antiseptic craze is metal operating tables. PROF. ESMARCH, of Kiel, is reported to have introduced them. The handles of his instruments, moreover, have been changed from wood to metal, which is nickel-plated. By thus replacing wood with metal this philosophical surgeon hopes to get rid of one source of septic infection, the bacteria not being able to find a lodgement in the latter. Metallic fingers and finger-nails would on the same principle be excellent innovations. The ordinary material employed in the make-up of these adjuncts, has permitted them to carry infinitely more poison germs than were ever carried by the wood which has now been supplanted.

If there is any one thing which more than another creates tumultuous and mixed feelings in the editor's heart it is to observe that his contemporaries consider an effort of which he himself is proud, of sufficient merit to be copied for the benefit of their readers, and in thus copying it to credit it to "an exchange." It seems to us that an editor who has ever experienced these indefinable feelings cannot be guilty of causing them in the heart of a brother. When, therefore, we see an article credited to "an exchange" we conclude that the journal copying it is itself seldom quoted, and a more careful examination into the case generally proves us to have been correct in our conclusions.

It now appears that KOCH'S comma bacillus is not destined to be accepted as the cause of cholera with that unanimity of which its cordial reception in certain quarters gave so much promise. Some of KOCH'S compatriots have already shown their disbelief in its etiological bearings on cholera, by deliberately swallowing it in great colonies, and now comes DRS. KLEIN and GIBBES, of the English Cholera Commission, with a preliminary report entirely at variance with KOCH'S views. They deny the invariable presence of the comma bacillus in cholera patients, and have been unable to reproduce it by inoculation into inferior animals. If the comma bacillus is to go *Was gibt's zu bleiben ?*

Reports from the larger medical colleges indicate a very decided falling off in the number of students in attendance, as compared with that of last year. Various reasons for this declension are alleged. Doubtless the stringency in the commercial world finds its reflex in this direction, but we apprehend that young men are beginning to realize that there are other avenues to honors and riches, in which the goal is attainable with less difficulty. If the young man of moderate means and mediocre literary attainments has not commenced to realize it, it is high time he did. It is yearly becoming more and more apparent that success in the practice of medicine requires both capital and special fitness.

The editor of one of our exchanges brands the dean of a certain medical college as "one who has descended but little from his level and has reached the ranks of the lowest order of human depravity," and posts him as "a falsifier and slanderer, whose unscrupulous mendacity is only equalled by his asinine stupidity and close resemblance to the trembling spaniel." One would naturally infer from this that our brother does not like the dean. Inasmuch as he says in a subsequent article, as a reason for rejecting a communication, that he "will not print personal abuse of any man," the average reader will be at a loss to know under what head he classifies the above. Perhaps it is a panegyric.

DR. LAWSON TAIT in his "American Notes," read before the Birmingham Medical Society, on his return from his tour of this country, states that a professor of clinical surgery of more than thirty years' standing, a man of enormous experience, and attached to one of the largest hospitals which he visited, told him (DR. TAIT) that his deliberate conviction had at length been formed that the so-called antiseptic system of surgery had little to commend it, save that of being a successful system of quackery. This will strike most of our readers as a singular utterance, and the surprise which it creates will not be lessened by the fact that DR. TAIT quotes this American brother's views with a considerable degree of approval.

We crave the indulgence of our readers for the delay in the appearance of this number of the AGE. It is due to no fault of ours. The fault lies in a miscalculation in regard to the "sorts" in the new font of type for our new dress. It was found when the number was over half in type that there was a shortness in the "i's," and although an additional lot was at once ordered, they have not arrived even at this writing. This failure to receive these "i's" will account for the defective letters which appear on one or two pages, in which we consented to their appearance rather than submit to further delay. The matter will be adjusted in time for our next issue.

The following scrap of a conversation between a female physician and a patient, as given by the Canadian Practitioner, is calculated to show that the practice of general medicine, always precarious, is peculiarly so when the practitioner happens to be a married woman. "Doctor, I have come to see if you would attend me in my coming trouble?" "Certainly; when do you expect to be confined?" "On the 5th of February." The doctor turned to her obstetric list and found that she had a previous engagement for that date, for she replied: "I am sorry, very sorry, that I cannot. That is the day I expect to be confined myself."

DR. REYNOLDS, in the Harveian oration for this year, depicts Harvey as a devout student of nature, in reverence kneeling before her, and asking her questions, cross-examining her, but never in an unfriendly tone. Nature to him was a perfect verity, the one witness that could never be absorbed or shaken, the one witness in whom there could be no false way, the one witness who could not lie. And by such a method only must science ever be advanced; it is thus that great discoveries are to be achieved, thus that we must seek to leave our "footprints on the sands of Time."

It is said that more than a million persons, or more than a quarter of its population, are the recipients of gratuitous medical services in the city of London. We believe that this proportion will hold good in the cities of this country. It does not follow from this, however, that a quarter of their population are unable to pay something for the medical aid given them. Indiscriminate charity is a confessedly deleterious thing, and there is no reason to believe that medical charity furnishes an exception to the rule.

A Toledo man, according to the Blade of that city, got into a bath tub to take his medicine, the label on the bottle containing which bore the legend, "take a teaspoonful in water three times a day." He contracted a severe cold through the process, but by persevering therein, both the cold and the original trouble disappeared. Great heads have these Toledo men.

The loneliest doctor in the world, in the opinion of the Medical Record, is the ophthalmologist who hasn't written an article on cocaine. We discovered him the other evening, but he gave as his reason for silence 'mid the universal din, the fact that he never went off at half-cock. We will hear from him later.

And now cocaine is said to have aphrodisiac properties. If it shall prove as effectual in stimulating venereal desires and capacity, as it has proven in allaying sensitiveness in the case of mucous membranes, it will not take long for it to supplant damiana in the affections of the people.

DR. H. F. CAMPBELL, President of the American Medical Association, lately underwent an operation for cataract. The operation was a successful one, and the President will be in a condition to watch over the meeting of the Association when it meets at New Orleans.

THE ELEMENTS OF PATHOLOGY. By EWDARD RINDFLEISCH, M. D., Professor of Pathological Anatomy in the University of Wurzburg. Translated from the first German edition by WM. H. MERCUR, M. D. (Univ. of Penn'a) Revised by JAMES TYSON, M. D., Professor of General Pathology and Morbid Anatomy in the University of Pennsylvania; one of the Physicians to the Philadelphia Hospital, etc. Price $2.00.

Philadelphia: P. BLAKISTON, SON & CO.
Detroit: JOHN MACFARLANE.

A book of 12 mo. size, and numbering but 263 pages, by a German author, and a pathologist at that, will strike the reader who has any familiarity with German literary productions as something of a curiosity. The German mind is nothing if it is not minute and thorough, and we have become so accustomed to look for exhaustive and voluminous treatises from it, that a small book on such a subject as pathology takes us by surprise. The author, as if to apologize for the smallness of his book, tells us that it does not pretend to be a text-book. It has been his aim to simply establish the natural groundwork which must exist in pathology, as in every natural science, and to place it in as clear a light as possible. The author is a pronounced advocate of the germ theory of disease, and devotes some twenty pages to a consideration of the various germs whose etiological relations have been definitely determined. He declares it as his belief that we are only on the threshold of developments which are destined to establish the germ theory as one of the most indisputable things in science. DR. TYSON, whose experience as a teacher fits

him for an opinion, was so satisfied from the examination of the original that the book would fill a niche in the wants of the student, as well as of others who may desire to familiarize themselves with general pathological processes, viewed from the most modern standpoint, that he encouraged its translation, in the rendering of which into such English as does not impair the thought of the writer, he has assisted the translator. The book supplies a want which the practitioner, the demands on whose time forbids the study of the systematic treatise, will be glad to have supplied. It will, doubtless, meet with a ready sale among such.

THE PRINCIPLES AND PRACTICE OF MIDWIFERY, with some of the Diseases of Women. By Alexander Milne, M. D., Ex-Vice-President Edinburgh Obstetrical Society; Member of the Gynæcological Societies of Berlin, and Boston; Author of "Manual of Materia Medica and Therapeutics," etc. Illustrated with numerous wood engravings. Second edition. Price, $2.00.
New York: Bermingham & Co.

The author declares that there are various principles and rules which he has found of inestimable service in his own practice, which are either not mentioned in the ordinary works on obstetrics or are mentioned only to be condemned. These principles and rules have reference more particularly to the management of the second and third stages of labor. Their non-recognition, he holds, is due to the shackles of tradition. The delay in the second stage of labor which is enjoined or permitted in the text books, he believes to have been responsible for an inestimable amount of injury to mothers and children, and DR. MILNE combats what he thus holds to be a pernicious practice. Other of the traditionary obstetric procedures are condemned and the reasons for the condemnation clearly stated, and the arguments being deduced from the author's experience carry with them the conviction which such arguments usually carry.

The book is a 12 mo. of 370 pages, and is written in a style which makes it all the more valuable as a *vade mecum* with which the physician may while away tedious hours of waiting —provided he cannot accept the author's views touching the abridgment of the second stage. Few can read it at any time without profit.

MEDICAL DIAGNOSIS, A MANUAL OF CLINICAL METHODS. By J. Graham Brown. M. D., F. R. C. P., Edin.; late Senior President of the Royal Medical Society of Edinburgh. Second edition. Illustrated. Price $1.50.
New York; Bermingham & Co.

The author has adopted as his motto the line from Virgil: "Felix, qui potuit rerum cognoscere causas," and certainly it is an apt motto in connection with the diagnosis of disease. Without skill in diagnosis the most profound learning in the other divisions of medicine would be as so much lumber, and happy, indeed, is he who knows a diseased condition when he sees it. As an aid to the acquirement of such knowledge the little book before us must prove exceedingly valuable to any one who will read it. It does not aim to be a treatise on differential diagnosis, but treats in a comprehensive manner of disease in general, without reference to especial affections. It deals rather with the general principles of diagnosis, and by thus educating in the general, fits the student for the special. It is thus a book calculated for the broad student of medicine, rather than for him whose practice tends to routinism and the treatment of symptoms. The mechanical part of the book is satisfactory, but a little more care in the proof-reading would improve it. On page 235, for instance, we are told that "fornication" is the sensation of ants crawling over the skin. The educated reader, of course, knows better, but this substitution of an "n" for an "m" is apt to mislead the neophyte.

HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF SKIN DISEASES. By ARTHUR VAN HARLINGEN, M. D., Professor of Diseases of the Skin in the Philadelphia Polyclinic and College for Graduates in Medicine, Consulting Physician to the Dispensary for Skin Diseases, etc. With two colored plates.
Philadelphia: P. BLAKISTON, SON & CO.
Detrtoit: JOHN MACFARLANE.

In writing this work the author has kept in view the wants of the general practitioner, and has tried to make it useful as a work of ready reference. He has, therefore, touched but lightly on etiology and omitted entirely all reference to pathological anatomy, confining himself to description, diagnosis and treatment. The book is a 12mo. of 282 pages, and may be properly classed as a concentration of existing knowledge of a practical nature on the subjects which it discusses. To make a successful book of this kind makes a demand on a rare attribute of the mind,—that of selection. Some writers are naturally diffuse and find it impossible to divest their subject of irrelevancy, and prune their writings of verbiage. That Dr. HARLINGEN is not one of these is very apparent from his little work before us. It is eminently fitted to the wants of those for whose use it it is especially designed. Those desiring to make a thorough study of skin diseases would demand something more exhaustive in the way of a guide; but for those who run across such diseases only incidentally in their practice, this little book will prove of great service.

LECTURES ON DISEASES OF THE RECTUM. Delivered at the Medical Department of the University of the City of New York, by J. Williston Wright, M. D., Professor of Surgery. Price, $1.25.
New York: Bermingham & Co.

This is another member of Bermingham's Library Series, and is of the same practical

nature as characterizes the rest. The lectures were delivered to DR. WRIGHT'S class, and reported by a stenographer. They have thus the class-room flavor, and are, consequently, easy reading. The lectures are nine in number and cover all the diseases to which the rectum is liable, besides giving explicit instructions in the methods of examining the parts. Some larger books on this subject contain less information, and none discuss it more clearly and concisely.

TENOTOMY OF THE LEVATOR PROSTATÆ.*

BY HAL C. WYMAN, M. D.,† DETROIT, MICHIGAN.

Several members of this society have heard me express views about the management of disease incident to hypertrophy of the prostate gland; and for the purpose of having those views which have heretofore been the subject of private conversation discussed by this body, I have prepared the following paper.

At the outset I find myself embarrassed to select a title that will indicate clearly the points I desire to discuss, and this because I hope to provide better means for the cure of a class of infirmities as well as a single lesion. A title can be selected more easily after the subject has been discussed, so I shall mark out the way I desire to go by stating several propositions: (1.) About one old man in every five is made miserable by discomforts caused by enlargement of the prostate. This is a common sentiment of the profession. (2.) When old men affected in this way begin to use the catheter, they are apt to drop into a typhoid state and die. This has been designated by SIR ANDREW CLARK, of London, catheter fever. In a discussion upon its causes, which occurred in London a couple of years ago, and which was participated in by SIR HENRY THOMPSON and others most eminent in English surgery, the balance of opinion was in favor of the idea that the typhoid state which supervenes soon after old men with prostatic hypertrophy begin to use the catheter, was caused by absorption into the blood and fluids of the body of putrid ferments originating in the bladder. All advised extreme caution in conducting these old men into the catheter stage of their lives. It is singular that just as the surgeon finds he has taught the old man to use the catheter with success, and that he is no longer annoyed by the painful efforts and frequency of micturition he begins to loose appetite, grows indifferent and soon dies with the symptoms of catheter fever—just as the philosophy of surgery has conducted him to a happy recovery, he turns round and dies. (3.) And why? Because the catheter has broken the mucous wall of the urethra and made a way for entrance into the system of putrid ferments. Now, two things are plain, viz., one class of old men use the catheter and get permanently better of their prostatic trouble, while another class use the instrument, get fever and die.

I desire to show that there are other and safer means of relieving the retention of urine due to enlargement of the prostate than the catheter To make this clear I must submit what I believe to be the physiology of micturition obstructed by enlargement of the prostate. A common case will illustrate the point. An old man consults his doctor because his "kidneys are weak," as he expresses it. He says that his sleep has been disturbed by getting up at night to pass water, for several months past, and that he must stand and strain a long time before he can get more than a few drops. Then after he is tired out and ready to relinquish efforts quite a stream will pass, affording great relief. The more vigorous and determined his efforts, the more securely does the urine seem to be locked in the bladder. He has taken medicine. Turpentine, nitre, kidney cure, etc., have been tried, and are reported to have helped for a while. But all hope of relief through domestic remedies has been abandoned. He must have a doctor. His clothes smell of putrid ammoniacal urine, due to the dribble that follows after he has quit trying to pass water. I shall not attempt to explain the history of deranged digestion and acrid urine, running through years, which conspired to cause the hypertrophied prostate, but that there is such a hypertrophy in this man's case, can be demonstrated by a digital examination per rectum. That hypertrophy antedated the symptoms which have undermined his health by changing the mechanism of micturition. You decide to examine the prostate. The finger is passed into the rectum. Varicose veins are observed about the anus. The palmar aspect of the digit glides upward and backward, revealing the presence of a smooth, rounded tumor between the rectum and bladder. It is the hypertrophied prostate. The irritation incident to the examination provokes a desire to urinate. The patient struggles to his feet, grasps a vessel, and makes violent efforts to empty the bladder, but is delivered of a few drops only—a mere dribble. He sinks back on his couch, or reclines in a chair, groaning his disappointment. Then, when he has relinquished all efforts, he feels the urine trickling from the meatus, rises again or turns on his side, and is delighted to see a considerable stream flow from his bladder. Some one has remarked about the blessings the old man heaps on the head of his medical at-

*A paper read before the Wayne County Medical Society, January 8, 1885.

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tendant who has successfully catheterized him, but these are nothing to the satisfaction indicated in the sighs of relief and thanks to God expressed by the subject of prostatic hypertrophy, after he has seen a respectable stream of urine pass out of his bladder automatically. The doctor completes his diagnosis of retention and decomposition of urine, due to hypertrophy of the prostate, by noting perhaps the presence of mucus, blood and pus in the urine. By way of treatment, he proceeds to instruct the patient in the use of catheter. He has difficulty in introducing the instrument, but overcomes it by passing his finger into the rectum, to guide the instrument through the tortuous channnel in the prostate. A quantity of putrid urine escapes, to the great astonishment of the patient, who supposed his bladder was empty, having just passed what he thought was a sufficient quantity. The doctor tells him that his retained urine is what is making all the mischief. That the prostate is enlarged, and that just as soon as he has used the catheter a few times, and taken the tonics and balsams and anodynes that are prescribed, no urine being allowed to remain behind and decompose in the bladder, he will progress to a happy recovery; but, owing to the enlarged prostate which can't be cured, he may be obliged to maintain good the state health by occasionally resorting to the use of the catheter whenever he finds he has not passed a sufficient quantity of water by his own efforts. The old man, as well as the doctor, is pleased with the prospects. The catheter has been used skilfully and has given him no pain. He is brave and will do just as the doctor tells him. He drinks copiously of the barley tea ordered, and in a day or two proceeds to pass the instrument himself. It causes some pain and brings on straining—tenesmus. He decides to call the doctor again. Again he is relieved and is told to be patient and persevere. Several times this happens and several days have elapsed. His food doesn't taste right. His tongue is fevered. He has a chill, perhaps. His temperature is above the normal, anywhere from 101° to 106°. Quinine is given freely. The doctor thinks the chill and rise of temperature may be due to malaria. The quinine will tell. The urine is passing freely now; perhaps dribbling constantly. The unpleasant symptoms are not due to retention for the catheter has been used at least once a day. Well, the old man goes on day after day—is no better. His family and friends begin to say he is all broken down, any way. The doctor decries the want of recuperative power. At last he mutters incoherently, drops into coma, perhaps, and dies.

This, gentlemen, is no uncommon picture. It is the catheter fever—septicæmia. Had the catheter been kept out of that man's bladder he would have lived longer. It broke the mucous wall of the urethra or bladder and made the way for sepsis. I need not call your attention to a peculiar power which the mucous membrane of the urinary tract has in resisting absorption of various substances, but will recite that I have thrown five grains of morphia into the bladder of a small rat-and-tan dog, tied up the urethra to prevent urination, and after two hours have seen no symptoms of absorption of the drug. Now, had I broken the mucous membrane never so little, narcosis would have been just as certain to have followed as after a hypodermic injection.

There can be no doubt about the propriety of avoiding injury to the mucous wall of the urethra or bladder, in attempting to relieve the latter of its contents. The decomposition of the urine in the bladder, the sequel of retention of urine, is the probable source of the putridity that infects the system, causing death. Hence, the great difficulty in devising a plan of treatment that will remove the retention without breaking down nature's barrier against septic infection—the mucous membrane. I believe it is possible to change the mechanism of micturition when embarrassed by prostatic hypertrophy by making a section of the prostatic fascia and levator ani muscle so that the bladder may be entirely emptied without wounding the mucous wall of the urinary tract in the least.

In the winter of 1877 I was called to see an old man whose urine was dribbling away. His physician had made repeated futile attempts to relieve the distended bladder with the catheter. This old man had been injured some months before by his horses running away, and had suffered from prostatic hypertrophy ever since. The catheter would not pass into the bladder. The most persistent efforts were fruitless. I proceeded to make perineal section with the view of dividing the deep urethra. An incision was made, as for lateral lithotomy, and a sound was passed as far as possible into the urethra, for a guide. In my endeavor to reach the deep urethra the prostatic fascia was divided, and all at once DR. MCALPINE, who was holding the sound, found the instrument gliding freely into the bladder. Its withdrawal was followed by the escape of a large quantity of urine, the flow being accelerated by pressure on the abdomen and the use of the catheter. Neither urethra nor bladder was opened by the section, as no urine escaped through the wound. I looked upon the case as one of too hasty operative interference, and believed that more patience would have been rewarded by the passage of the catheter without resorting to the operation. Within a week after the operation, our patient was passing his water without the help of instruments. The muscular walls of the bladder had regained

their tone, the wound was nearly healed from the bottom. Nor was there any return of the prostatic trouble during the two years that the man lived. His death resulted from pneumonia. I have treated many cases of disease growing out of an enlarged prostate, and have analyzed the pathology minutely. I am now convinced that the operation which I made in the case just described, and which I thought at the time was a blunder, was a rational procedure, in perfect accord with physiological and surgical principles. This conviction leads me to offer the following views:

1. The tendon of the levator ani muscle unites with the central tendon of the perineum, and invests the prostate gland in such a manner that when the prostate is enlarged, force is brought to bear upon it during efforts to evacuate the bladder, which rotates the prostate upon the urethra and shuts off the flow of urine.

2. A section of the perineum and its deep fascia and central tendon, will remove the force expended by the levator ani muscle in producing version of the prostate, and permit the muscles of the abdomen and bladder to evacuate the urine. Such a section implies tenotomy of what some anatomists call the *levator prostratæ* muscle.

3. An operation of this character involves a breaking up of the veins and lymph spaces on the rectal and lateral aspect of the prostate, and, if the wound is made to granulate from the bottom, atrophy of the prostrate will follow, so that by the time the tendon of the levator prostatæ has reunited, no further difficulty in micturition will be likely to ensue.

PHTHISIS PULMONALIS---GERM THEORY.

By George F. Hunter, M. D., Holly, Mich.

After searching diligently for ten years for the cure of consumption, I have concluded that it is attributable to a general condition of perverted nutrition, and a germ poison in the blood, engendered under an impaired condition of the brain or nervous system. The disease germs are the degenerated particles of our own bodies, degenerated under certain circumstances into a peculiar germ, which either constitutes or carries the poison of the disease. The disease germ springs into activity when favorable conditions of the system occur for its existence. These conditions consist in the failure of the vital forces to such an extent that the nutritive process does not furnish nutrition of a sufficiently high order of vitality to supply the waste of the system and permit of a healthy process of waste and renewal of tissue, and the particles of living matter, being endowed with low vitality, degenerate into disease germs which operate as a poison on the system, and form the chief element of the disease. The tendency in the system to permit the living particles to so degenerate may be inherited or acquired, and when once established is termed the tubercular diathesis.

The impression that pulmonary consumption is a disease of the lungs, exclusively, is not in harmony with modern thought and investigation; the idea has been exploded by the light of our present knowledge. There is a constitutional defect forming the cardinal lesion, the lung affection being a local manifestation of the constitutional and blood malady. I fully agree with Prof. Bennett, of Edinburgh, when he wrote, as early as 1853, that "the lung disease, however severe, chronic or acute, is the result of a morbid general diathesis which precedes constitutional disease, occasions, and rules the lung malady." In the consumptive there is a lowering of the magnetic or vital forces of the system, owing to a deficiency in the organic nerve cell from lack of tribasic hypophosphorous and sulphur elements in the brain and nervous system. Any influence brought to bear upon the system that exhausts these elements, lowers the vital forces, and induces "perversion of nutrition" and an altered and diseased condition of the blood and circulation, and the evolution of the disease germ peculiar to consumption.

When the diathesis is once established and the vital forces lowered to a certain point, the disease germ is formed from the unhealthy particles of the body, and the lungs failing to eliminate the germs, they locate in these organs, and produce semi-paralysis of the nutritive fibres of the pulmonary branches of the pneumogastric nerve, and thus produce hyperæmia, exudation of diseased blood, and inflammation and ulceration of the lungs. I am inclined to believe that the disease germs of consumption are the degenerated nutritive elements of the lung tissue—connective tissue and epithelium, for in the blood we have the initial elements, or health germs, of all the structures of the body. These health germs are known as living matter or bioplasm, and are intended by nature to be elevated and applied to the formation of the various tissues of the body, but instead of being used as originally intended, they may degenerate into a disease germ, in which form they are a poison. The disease germs of phthisis, in all cases, are the degenerated particles of our own and others' bodies, formed under adverse conditions of life when vital force is low. Consumption may be considered as the evidence of decay of the organism from defective vital power, owing to a lack of a healthy process of renewal of tissue possessed of normal material in its normal formula. The chemical changes in the body are abnormal and imper-

fect, and all the secretions corrupted, and nutrition and excretion imperfect.

The elements of the brain and nerve cell may be exhausted by hard study, grief, anxiety, worry, disappointments, emotions; want of sufficient amount of pure air, living in close or ill-ventilated apartments, improper food; the effects of cold, wet, dampness; inflammation, fevers, catarrh, bronchitis, impure blood, poisons in the blood; vices of various kinds, intemperance; eruptions, striking inward; the germ of phthisis; absence of sun light; foreign bodies inhaled; and hereditary causes. The lung difficulty is a progressively destructive disease, and comprises a number of inflammatory processes which are generally progressing, and always governed by a defective constitution and blood. The defect may exist from infancy, through hereditary causes, or may be acquired during the life of the individual. The form and course of the disease are governed entirely by the constitution.

Associated with the lowered vitality, and dependent upon it, there is a general condition of the system which manifests itself in a failure to raise the standard of white blood corpuscles to red. The living matter known as protoplasm is not carried through the natural changes to fit it for its ultimate purpose of nutrition. By protoplasm, I mean all living particles from the finest granule to the full-formed corpuscle. In impaired vitality, living matter is defective in quantity and quality. The former may be recognized microscopically, but not so with the latter, it is supposed to be histo-chemical. The lack of bodily material, both in quantity and quality, shows that there is a condition of starvation, or in other words, defective and degenerated nutrition, and abnormal renewal of tissue. In this condition a person is said to be vulnerable, that is, easily affected or injured, and is sometimes called scrofulous, the blood and flesh containing a great deal of waste and degenerate matter, rendering them unhealthy and below the standard of normal vitality. In the vulnerable there is often manifested a constant irritability of the mucous membranes of the lungs and stomach, which readily results in the proliferation of sound or unsound elements, called inflammatory corpuscles. In health the corpuscles multiply and develop into connective tissue and epithelium, and are nucleated, but in the vulnerable or scrofulous condition of the system, they ofttimes multiply too rapidly under irritation and accumulate in abnormal quantity and quality, and develop into imperfect connective tissue and epithelium. The corpuscles in excess do not enter into the composition of the structures proper, but remain crowded upon each other, causing abnormal formation.

From the foregoing it is obvious that the innervation of the pulmonary tissue is impaired, but besides this, there is another cardinal feature presenting itself in the impaired circulation of blood through the lung apparatus, and consists in venous capillary stagnation and clogging up of the fine ramifications of the capillary blood vessels, and the portions of the lung supplied by these clogged vessels are cut off from nutrition for want of blood supply, and death of that portion of the lung occurs from anæmia, called anæmic necrosis. Its vitality is lost, and it breaks down into a cheesy mass, the round corpuscles in the process undergoing shrinkage.

The smaller deposits, called tubercles, are formed somewhat differently than the cheesy masses. They are caused by the exudation of blood into weakened structures, owing to obstructed or weak circulation and relaxation of structure, the thinner portion being absorbed, leaving the more solid portion to form the small, solid substances known as tubercles.

The proliferation of corpuscles, the cheesy masses, and the tubercles, may all be present in a case of pulmonary consumption, or only some of them. A case, however, may run a fatal course without tubercle. The lung lesion may begin with any of them, but seldom remains uncomplicated with the others.

The organic and inorganic processes are subservient to the brain and nervous system. If the latter is a feeble monarch, disorder and corruption will find their way into the kingdom; there will be foes internal and external, to conspire against its welfare, and battle for the pulling down of its strongholds—the embattlements of health will be stormed and injured by morbid influences. I do not arrogate to the nervous system all nutritive or trophic changes, but it is, undoubtedly, the location of the first lesion of the phthisis. It is well known that there is such a thing as cerebral dyspepsia, *i. e.*, dyspepsia dependent upon cerebral exhaustion, as, from hard study. There is such a thing as causing the liver to secrete an excessive amount of sugar by irritating the eighth pair of nerves at their origin in the fourth ventricle of the brain; therefore the functions of organs are made abnormal by cerebral causes. This is the case in phthisis. There is, to begin with, a lack of functional power in the nervous system, a lowering of the vital forces, and the effect of the inefficiency is shown in the organs and tissues which are under its control. Beginning with the nerve lesion, we can trace the chain of diseased conditions link by link to the end. On this basis the many theories for phthisis pulmonalis are easily explained—the dyspepsia of Clarke; the pancreatic insufficiency of Dobell; the nervous derangement dependent upon impaired digestion and assimilation, spoken of by Copeland; the inefficiency of the liver to com-

pensate for the imperfect function of the lung, spoken of by Parola; the acidity of the intestinal canal, described by Hughes Bennett; Churchill's theory that tubercle originated in a deficiency of phosphorus, in the system, in an oxydizable form. These are all consequences of a deficiency of brain structure. The true condition, then, is a deficiency of nerve elements, causing lack of nerve force to efficiently carry on the functions of waste and repair.

Believing in this theory, we find in the unfortunate individual that every structure of the body is destitute of nerve vigor, a feeble, nervous system, so feeble and defective in the elements of organic life that there is not the vital stamina to perfectly elaborate red blood corpuscles, and carry on a process of perfect nutrition. Hence morbid elements accumulate in the blood, the element concerned in the nutrition of the lung tissue degenerates into the tubercle bacillus which constitutes the contagious ele ment and essence of the disease, and by it the disease may be communicated to others if the conditions of health are favorable for its existence and development. It is capable of spontaneous generation if vital forces are low and conditions favorable.

The indisputable condition to the existence of phthisis is attributable to the undue waste or deficient supply of tri-basic hypophosphorous acid in the nervous system. Healthy blood contains 0.874 part of phosphorus compounds, while the blood of the consumptive gives an average of only about 0.291. Phosphorus invigorates the nerve masses which contribute nerve influence to the 8th pair of nerves, and secures a healthy function of the lungs which it supplies, and gives tone to the cell life of the lung substance, elevates the vital standard of the healthy germ elements concerned in the nutrition of the lung, and thus prevents its degeneration into disease germs, which constitute the poison of phthisis. The leading animating principle of the nerve phenomena is the above-mentioned acid, and if that is deficient the functions of the organs over which the nervous system rules, cannot be normal in action. The great sympathetic ganglionic nervous system and pneumogastric nerve, are largely concerned in the transformation of the non-living food into living health-germs and and vitalized blood. Under deficient nerve force there is imperfect digestion and nutrition; imperfect digestion leads to butyric acid fermentation in the digestive organs; this acid prevents the assimilation of phosphorus elements of the food, and in turn the phosphorus supply is cut off from the nervous system. The degeneration or degradation of the elements concerned in the nutrition of the lungs produces the disease germ, tubercle bacillus, which circulating in the blood, causes a semi-paralysis of the nutritive or trophic fibres of the pulmonary branches of the pneumogastric nerve, diminishing the vitality of the lungs, which is followed by relaxation, irritation, stagnation of the blood in the capillaries, and deposits in the lungs. The deposits excite inflammation and ulceration of the surrounding lung tissue. As butyric acid destroys the phosphorus elements introduced into the stomach, it must be neutralized, otherwise the administration of the remedies containing phosphorus elements is folly, and, indeed, utterly useless, if the acid exists in an appreciable quantity. In the presence of this acid the process of nutrition cannot be perfect.

We know that the combustion of phosphorus in the presence of oxygen, for instance in the open air, produces tri-basic hypophosphorous acid, if the acid be collected in water; hence the combustion of phosphorus in the system in the presence of both oxygen and water of the blood, will produce the tri-basic hypophosphorous acid, the animating principle of the nervous material. Of course this process of combustion requires a due amount of oxygen in the blood. It is clear that the lack of this acid in the nervous system may be owing to two causes:

First, to undue waste, and second, to deficient supply of tri-basic hypophosphorous acid, owing to a lack of phosphorus elements in the food, or the destruction of these by the butyric acid generated in the digestive organs, or deficient supply of oxygen in the blood.

Now, it has been shown that butyric acid fermentation takes place under an exhausted condition of the nervous system, consequently, the primary lesion seems to be solely attributable to the nervous system. The lowered state of vitality is necessary for the generation and existence of the disease germ of phthisis. The germ formation is the real beginning of the disease, hence the nerve lesion is only a condition necessary for the disease to originate under.

I divide consumption into three cardinal divisions, each of which requires separate and special recognition. I term them the three cardinal lesions of phthisis. They are:

First.—The nerve lesion.

Second.—The constitutional lesion.

Third.—The pulmonary lesion.

It may be termed the tri-lesion theory. It shows consumption to be a three-fold disease. Each of these cardinal lesions may be subdivided into sub-lesions. To treat one lesion regardless of the others, is sure to result in failure. I find the disease eminently curable, and if time will permit I purpose discussing the tri-lesion theory, together with its causes and treatment, in a future paper.

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Original Articles.

LECTURES ON PHTHISIS PULMONALIS.

BY E. L. SHURLY, M. D.*

LECTURE I.

GENTLEMEN: The disease — Phthisis Pulmonalis—to which I invite your attention today, is one of the most successful foes of human life with which our profession have to contend. Unlike the pestilential epidemic or pandemic, whose terribly fatal paroxysms are succeeded by longer or shorter periods of repose, phthisis pulmonalis is always in the field, laying siege to human life, and day by day securing its victims. Its great mortality among civilized people has, of course, excited great thought and effort toward assisting nature in resisting its attacks, but I am sorry to say with such want of success as to bring about the deepest feeling of discouragement. However, the last ten or fifteen years, owing to the progress of pathology, microscopy and therapeutics, have given us somewhat better results of treatment, and, therefore, we may indulge the hope that in time our efforts in combating this disease will be crowned with as much success as in any other department of the healing art. Notwithstanding the discouraging facts brought to light by the collective clinical history of the disease, I would have you to understand at the outset that it is the bounden duty of the physician to exert every effort towards aiding nature in overcoming its ravages and prolonging life. Even in the hopeless later stages, you should stand by and mitigate the suffering of the poor patient, and never abandon him to the devious ways of charlatans and patent medicines.

Before coming to the subject proper, it will not be out of place for me to say a few words concerning the personal conduct of consumptives in general. A majority of them are not easily convinced—even late along in the progress of the malady—that their case is at all serious, while some of these, although apparently in no fear of the result, will constantly manifest the most disagreeable and marked signs of apprehension. Others will, on the contrary, wilfully disregard advice, and expose themselves, by habits of diet, etc., to the most pernicious influences. Some patients will show a resigned philosophical temper throughout; while others, perhaps from the beginning, will be impatient, imperious, fault-finding, and even venomous towards the most self-sacrificing relatives or attendants. A few will be faithful and constant to the medical adviser, and thus resist the exertions of the vast army of interlopers who proffer their advice, while others will readily or even eagerly throw over all your counsel and plans to adopt the advice of anybody who promises a cure. The majority of these patients are very sensitive, especially regarding themselves. So do not, without consideration, acquaint them of their condition, and meagre prospects of recovery, notwithstanding they may plead fervently for you to do so. Always be careful what you say in their presence, remembering that the patient is bestowing every waking moment in thoughts about self and how to keep the trouble "from settling on the lungs." Therefore every statement which you make is carefully garnered up in the memory and rigidly compared with all future statements; and any discrepancy which may appear to the mind of the patient becomes a signal for distrust, leading to loss of faith and neutralization of your influence and efforts.

I do not think it well to ultimately deceive them. By a little tact you can gradually let into the patient's mind very nearly the exact truth, in such a way as not to call forth opposition or produce disastrous fear. In short, you must study your patient's mental, as well as bodily, or physical characteristics, if you would meet with any success. Trusting that you will bear in mind these few hints upon the physical elements of treatment in these cases, I will now present to you as concisely as possible the varieties, pathology, etiology, clinical history, complications and treatment of phthisis pulmonalis.

To give an accurate scientific definition of the disease, in the present state of our knowledge, is impossible. I can only say that phthisis pulmonalis is a progressive, destructive metamorphosis of the respiratory organs, with concomitant waste of the tissues of the body. From an early date the disease has been con-

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sidered, by a majority of authors, to consist essentially of the formation in the tissues of the pulmonary organs of tubercle, and, therefore, phthisis and tuberculosis have been synonymous terms. This, however, for reasons which will appear later, is open to grave objection, and hence I prefer to eliminate the term tuberculosis from any definition, although it may be so often, if not always, present.

Regarding classification, there has been much diversity of opinion, according to the pathological or clinical standpoint adopted, but I think one, based upon the generally accepted phenomena and not embracing too many varieties, will prove most acceptable to you.

Thus we may make, first, two grand divisions, viz: acute and chronic, either of which may comprise cases of essential, or primary, or accidental, or secondary phthisis, the former terms being used to designate those of early tubercular origin, and the latter, those characterized by antecedent morbid states not tuberculous. Besides this, we must recognize a few well-marked variations which will be duly considered when we take up the clinical history of the disease.

MORBID ANATOMY.

Upon opening the thorax of a body having died of typical phthisis pulmonalis, three things attract our attention, viz: First, that the diseased portions are quite discolored, mottled, and bluish or blackish brown. Second, that both layers of the pleura are, more or less, firmly united or obliterated, and merge into the parietal wall; that the part of the lung most completely involved and destroyed, is the upper part (This was first pointed out many years ago by that master of the healing art, LÆNNEC). And third, that certain portions, here and there, are shriveled, puckered and convey to the touch the sensation of being hard or nodular, while other portions seem sodden, swollen, soft and friable. If we now lay open the organ, and examine its interior, we find a considerable change from the normal pulmonary structure; indeed, almost at a glance may be recognized the different stages of the malady's fatal march from above downward. At the upper portion, the usual seat of invasion, the pulmonary tissues may be entirely replaced by mottled, fibrous and connective tissues more or less hardened, dry or sunken, with here and there a greater or lesser cavern (or vomica), or nearly the whole region may have been excavated into a large infractuous cavity with thin walls above, resembling a membranous bag, capable, perhaps, of holding a pint of fluid, while its interior shows openings communicating with several smaller ones, and with one or more bronchial tubes. These cavities, as you have seen in the post-mortem room, may be, if large, partitioned by dense fibrous bands or traversed by cords (the remains of pulmonary blood-vessels). They may be lined with smooth pyogenic membrane, or their interior walls present a rough, reddish or grayish papular appearance. They are generally more or less filled with either a thick muco-pus or grayish, offensive, viscid fluid. The bronchial tubes of the district are either obliterated, dilated, twisted, enlarged, or otherwise distorted; while their lumen, when pervious, is bathed in the same pathological secretion. Now and then may be seen hard, whitish spots, more or less fibrous and cretaceous, marking places where nature has, from time to time, made a stand in her battle of resistance. A little further away from this focus of disease, the appearance indicates the seat of more recent invasion; there are small gray, hard nodules, yellow cheesy masses, varying in size from a cherry pit to that of a hickory nut, or even larger. Some of these masses are soft in their center, gradually becoming harder towards their periphery, while others are soft throughout, and can be washed out by a stream of water, leaving a small excavation bounded by a distinct wall. These are destined to be larger cavities from the destruction more and more of the outlying tissue, or the coalescence of neighboring softening points, while the harder, darker masses will probably follow the same course. The mass of texture hereabouts exudes a grayish fluid, is very much condensed, and of a reddish or grayish color. It is sodden, and filled with the products of inflammation, as well as caseation, which products are progressively filling the air-cells and bronchioles.

The bronchioles often show spots of ulceration on their lining membrane, which may account for the hemoptysis. Still further away from the original seat, we find the texture congested, inflamed and condensed by inflammatory products, although, as yet more or less pervious to air. The masses called tubercle, may be found scattered throughout, perhaps, but showing, as yet, very little breaking down. The whole organ, in fact, is more or less filled with the products of inflammation. In other words, we have here presumably a localized pneumonia, which is the beginning of the destructive process about to ensue.

This survey of the morbid anatomy of the disease, discloses to us at once that the pathological changes are not simple but complex, and pathologists now-a-days show that its pathogenesis assumes several distinct forms or directions. Thus the disease may begin as a bronchial catarrh, or a small bronchiole, and extending thence either toward the alveoli by continuity, or contiguity, into the neighboring cellular tissue, produce more or less condensation of the parts, with subsequently caseous necrosis, liquefaction and excavation. In this instance, ulceration of the bronchial mucous

membrane, with hemorrhage and other attendant phenomena or ulceration, generally ensue. Another mode of origin is by a severe local peri-bronchitis (inflammation of the tissue around the tube), attended by marked and rapid suppuration of the bronchial wall, and abscess. This disturbance is usually not confined to the bronchial tissues alone, but is accompanied by an intense *alveolar inflammation*, and, also, an *interstitial inflammation* (which latter, on account of the intimate continuity with, and analogy of the pulmonary cellular tissue to the pleura), involves almost always the pleura in its progress, sometimes so rapidly destroying it, as to produce pneumothorax and empyæma in consequence. As for instance, in the case of the man J. D., who was in ward B, St. Mary's Hospital, whose chest, you will remember, I opened with a bistoury, and evacuated a large quantity of offensive grumous pus. These cases are generally acute, severe and fatal. It is possible, however, for a stay of proceedings to take place when the products of inflammation, etc., may "dry in," and a permanent, fibrous wall encloses and stops the destruction of the part for a time.

There is another process, commonly called fibroid phthisis, which is, generally, slow in its progress, and which, usually, originates in several bronchioles perhaps simultaneously, thence extending throughout the interstitial tissue of the lung, even to the pleura. The initial lesion here, is in the peri-bronchial tissue alone, which you know is largely composed of connective tissue, and is intimately related through the lymphatics, with the subpleural tissue. The progress of the disease is marked by the formation of abundant, dense, nodular tissue throughout the lung, and is very much pigmented, the discoloration arising, either, from numerous small hemorrhages into the connective tissue or bronchioles, or from the absorption of the blood-coloring material (hæmatin, etc.), owing to obstructed blood vessels. These hemorrhages may also occur, as in the previously mentioned process, from ulceration of the mucous membrane of the bronchial tube. Tubercle is said to be everywhere disseminated, in these dense nodules, in different states of existence, although often difficult to recognize, on account of the presence of inflammatory and other products.

The characteristic result of this particular process is the extensive formation of dense connective or fibrous tissue throughout the organ, although for a time it may be limited to the neighborhood of the bronchioles. We observe, however, in advanced cases, often caseation and the occurrence of large cavities, etc., but frequently these cavities are bronchiectases, (dilated bronchial tubes) which are produced either through the agency of of contracting fibrous tissue constricting them as a string would, and thus allowing of a bulging at a given weakened point, while the pressure operating from behind is strenuous, very much as emphysema of the lobules may occur, or by the contracting tissue which attached to an attenuated portion of thin wall, pulls or twists this portion out with it. We may always see the products of ordinary inflammation, such as round and epitheloid cells, infiltrated more or less in the structures, and there is also more or less emphysema.

The catarrhal or caseous process, sometimes caseous pneumonia, and sometimes chronic catarrhal pneumonia, extends very much like ordinary catarrhal pneumonia. It generally begins, according to Rindfleisch, in a bronchiole just as it enters the alveolus, and very soon involves the whole lobule in an intense inflammation. The infiltration of the alveolar cavity and surrounding connective tissue, produces condensation of the locality, in form quite resembling the ordinary inflammation. From the infected district the disease soon extends with more or less celerity to neighboring lobules, embracing all the tissues in the way. But unlike the ordinary pneumonia, these products do not undergo changes which lead to their absorption and removal; but they rapidly undergo caseous necrosis, and involve also the normal lung structure, so that a cavity, with more or less of a wall, is the result. Indeed, sometimes the process is so active, that necrosis takes place directly, without any intermediate caseation. If the progress of the disease is arrested for a time, a dense barrier of connective tissue forms and encloses the liquefied mass, when gradual condensation and perhaps calcification finishes the metamorphosis. The color of the mass is generally a grey or greyish white, because the blood vessels are very early destroyed. With a microscope we can seldom distinguish tubercle or any element of the pulmonary structure, excepting, perhaps elastic tissue, which, you know, will for a time, resist destruction.

The several anatomical changes just recited are more or less commingled in the majority of cases of phthisis, but yet we meet with these distinct courses of pathogenesis often enough to warrant special mention.

We also meet with forms of phthisis which are commonly called chronic pneumonia, and which some pathologists contend are free from the formation of tubercle. They are characterized by the formation of granulation tissue (granulomata), together with the ordinary products of inflammation. In these, the parts are also very much pigmented, and present a large amount of fibrous tissue, with, sometimes spots of caseation.

When tubercle forms in ordinary cases it spreads sooner or later to nearly all the pulmonary tissue, and may also be deposited in other organs and localities, especially the larynx, and intestinal canal. The other organs and localities, such as the mouth and buccal cavity, peritoneum, etc., frequently enough become invaded. Indeed, laryngeal phthisis is very properly set apart as a variety of the disease, so frequently does it become the seat of deposit. Of course, we exclude from consideration, the disease known as general tuberculosis, which implicates, almost simultaneously, all the organs of the body, and clinically resembles an acute fever.

There is another form of fibroid phthisis sometimes called mechanical phthisis, miner's phthisis and grinder's phthisis, etc., which is produced by the inhalation of large quantities of finely divided particles, such as coal dust, stone dust, etc. These particles, by mechanical irritation keep up a constant inflammation of the bronchioles and alveoli, which results finally in the formation of adventitious tissue, and the immuring of the particles in the connective and lymphatic tissues. So that, after death, the lung of a subject of miner's phthisis will show, both microscopically and macroscopically, numerous solid particles imbedded in the structure, constituting the condition called anthracosis.

PATHOLOGY.

It will now be in order for us to enquire into the pathological origin, so to speak, of these anatomical changes just pointed out. I have not the time nor inclination to give you in detail the very interesting history of the pathological literature bearing upon this subject. Suffice it to say that formerly the disease was supposed to consist of a dyscrasia, with exudation in the pulmonary structure of a variously vitiated plasma from the blood which in turn forming aggregations called nodules, subsequently through feeble organization ulcerated and gave rise to the well-known clinical phenomena called phthisis.

The term nodule or tubercle (tuberculum) was applied to all nodular growths until BALLIE (1794) and BAYLE (1810) first directed attention to the gray miliary nodules, which we now call tubercle.

BAYLE, however, called all nodular swellings in the lungs, tubercle. LÆNNEC held that the tubercle was either deposited in isolated patches, or infiltrated into masses of the lung structure, and believed that it was first deposited in the form of a gray, transparent material, which underwent, sooner or later, a change into a yellowish or whitish mass, which he denominated crude or yellow tubercle. However, as the importance of the inflammatory changes came to be recognized, and, moreover, as pointed out by VIRCHOW and others, it was found that inflammatory products as as well as tubercle, underwent caseous degenerative changes. Under certain circumstances, the tubercular element in the pathogenesis sank into a less significant position.

VIRCHOW invented the term "granulomata" (granulative growth) for all of these formations such as tubercle, syphilis, lupus, etc.; and in regard to phthisis pulmonalis he designated it as a caseous pneumonia, and described a freshly formed tubercle as a "small, gray, translucent nodule about the size of a millet seed, mainly composed of cells, and developed from connective tissue," and further stated that "they never developed beyond the stage of granulation tissue."

KLEBS and COHNHEIM called such formations, "infective growths or tumors," and RINDFLEISCH'S term was "specific inflammation," while the name given by ZIEGLER, TALMA and others, is "infective granuloma, or grandloma." A large majority of pathologists of late years have recognized its infective nature, from a pathological standpoint, while VILLEMEIN, KLEBS, WALDENBURGH, and several others have long since shown that the disease was transmissible, to animals, by inoculation in different ways in order to disprove what was generally held to be, viz.: that tuberculosis is anatomically an inflammatory process. They forshadowed, together with others, what KOCH has recently definitely settled, viz: the parasitic nature of this formation. Now what, briefly, is the ultimate structure of these formations or tubercles? ZIEGLER, who has investigated the subject with great care, states that the basis or very beginning, anatomically speaking, of tubercle in different structures of the body, is always a collection of white blood cells which have evidently migrated from the veins and capillaries. These, he says, often form the entire mass of the tubercle. When developed, a tubercle, according to COATS, is seen to be a defined, roundish body, presenting at its peripheral parts numbers of round cells like leucocytes, which correspond to the reticulated zone of some pathologists, nearer the center rather larger cells like the formative cells of granulation tissue, and often called epitheloid cells; and in its more central parts one or more gigantic cells, having numerous nuclei, the so-called giant cells.

It is, however, often difficult to recognize these characters even under quite high powers, because of the degeneration in the tubercle itself, and its intimate relation with the surrounding caseous inflammatory products.

By many, however, giant cells are not considered characteristic of tubercle, since they have been frequently seen by these observers in ordinary granulation tissue, and been found

wanting in many specimens of real tubercular formation. This view is strongly held by TALMA. The controversy, however, need not detain us, inasmuch as the discovery of KOCH of a specific bacillus, is at the present time considered a sufficient distinguishing mark. These bacilli are short rods, as you see in this diagram, a quarter or half the length of a red blood corpuscle. "They often occur in aggregates, where the tubercular process is advancing and frequently exist inside the giant cells. In some cases the rods contain spores, two to four in each bacillus." These organisms have been found in phthisis pulmonalis, general miliary tuberculosis, scrofulous tubercle of the brain, tuberculosis of the intestine, scrofulous disease of the lymphatic glands, etc.

They have been found, also, in bovine tuberculosis (the perlsucht of the Germans), which is essentially a tuberculosis of a slow growth, affecting the serous membranes, and other parts of cattle, and other domestic animals, and in the spontaneous tuberculosis of Guinea-pigs, rabbits and monkeys. Bacilli can also be cultivated outside the body in blood-serum at a temperature of 86 to 105° F. Many generations can be cultivated in this way: and animals inoculated with these cultures will, after a period of incubation varying from 10 to 21 days, be seized with tuberculosis and present all the clinical phenomena and anatomical characters of the disease.

The disease has been also communicated to lower animals through inhalation of sprayed sputum from a tuberculous patient, and tuberculosis of the intestine has been induced by the swallowing of a considerable quantity of tuberculous matter. Since some animals, as the Guinea-pig and rabbit, are naturally susceptible to tuberculosis, it has been claimed (the claims based upon experiment) that an inoculation of these animals by any septic material will suffice to induce tuberculosis in them, although this may happen, and indeed has happened, accidentally, perhaps. The great weight of testimony as given by such experimentation shows conclusively, that it is the introduction of the active specific virus—the bacilli—which alone can be depended upon to propagate the disease. I will not go into detail, but relate the experiment of COHNHEIM, as bearing on this point. COHNHEIM inoculated the eye of a rabbit with some fresh cultivated tubercular virus, with which there was very little other septic matter. In a few days after the operation, the local irritation due to this disappeared, leaving the eye clear and apparently natural: while at the end of 21 days, or there-abouts, gray granulations appeared in the eye, which developed, and finally underwent the usual caseous metamorphosis. Many other experiments of this nature, made by reliable observers, could be quoted to sustain this point, so that there remains no doubt at the present time, I think, of the local infectious character of the tuberculous virus.

These bacilli may be recognized by the process of staining devised by KOCH, and for which he has become famous; or even the simpler methods of EHRLICH or GIBBES (which I gave you on the black-board). They may be found in the sputum of many cases of phthisis, chronic bronchitis, and caseous pneumonia. The bacilli of human tuberculosis are found to be identical with those of bovine tuberculosis, and outside the body the cultures pursue the same course.

Now let us inquire into the source of the tubercular virus within the body. It is supposed by many among the late pathologists, to arise from some old caseous collections, such as a scrofulous gland or joint, and thus become disseminated under favorable circumstances, through the blood and lymphatic vessels and other parts of the body, setting up new foci of disease at those points.

But you understand that I said "under favorable circumstances"—some condition of the body. Now, as these requisite circumstances are quite various, we shall defer their discussion in detail until we come to the subject of etiology.

It will, however, be pertinent for us to inquire now how this specific virus may propagate itself through these secretions. If it be introduced into the blood, or other fluids of the body, in considerable quantity, general miliary tuberculosis ought to result every time, and we should meet with ordinary phthisis pulmonalis very seldom. It would, therefore, seem improbable, as claimed by COHNHEIM, ZIEGLER, VIRCHOW and others, that an infection propagated through a fluid of such general distribution in the body as the blood or the lymph, could possibly produce the clinical phenomena of so saliently localized a disease as is phthisis pulmonalis. To repeat, then, if the infection were thus carried, it would necessarily produce in every instance, unless there existed a great immunity, a general disease.

The other supposed sources of tubercular virus are through the food and the inspired air. It has been shown by experiment that the tubercular virus, carried into the digestive tract of animals, will produce a local tuberculosis of the intestinal canal, and it has been also shown, that the tubercular virus carried in the form of a spray into the respiratory tract of the lower animals, will result in the formation of tubercles in this apparatus. It would, therefore, seem clear from this view that, pathologically considered, the origin of pulmonary phthisis, could be easily traced in the most of instances to the inhalation of this septic material, or its ingestion

with food containing it, and, therefore, the theory has arisen, in some quarters, that eating the flesh of animals affected with bovine tuberculosis, which, as we have seen, is identical with that of the human subject, is a frequent source of the disease.

But clinically these theories are not sustained, for, although there are well-authenticated instances in support of these views or theories, the great mass of the profession will testify that such an origin comes very rarely under observation. The life history of the bacillus is not as yet clearly made out; for instance, we do not know whether either the bacillus tuberculosis, or its spores are capable of existing outside the body. That is, whether the organism may exist as a dual life, or whether it develops in one nidus, without undergoing any intermediate changes whatever; and until these points are determined, we cannot decide accurately, as to the part it actually takes in the propagation of this disease. Mycologists have shown that many of the fungi have certain stadii of development, according to certain circumstances; as for instance, eresephi, which having been eaten by horses and other herbivorous animals, pass through the intestinal tract, their spores are deposited as manure and finally give origin to to certain agarics.

We know, as derived from the work of KOCH, that a certain favorable nidus, in a certain state of quiescence, and with sufficiently high temperature, and other favorable circumstances, seem to be requisite in each instance for the development of the germ in the body. It is, therefore, probable that the natural powers of resistance are quite sufficient to destroy a great amount of this poison, when introduced in the different ways indicated, and, in truth, it is now generally conceded, I believe, that the bacillus tuberculosis will not develope in healthy tissue, which fact, of course, establishes the presumption of the existence of some earlier pathological condition than that attending the operation of the bacillus.

ON THE PRODUCTION OF THE BROWN LINE.

BY H. ASTHALTER, M. D., PITTSBURGH, PA.

In my article on the origin of the brown line in pregnancy (a translation of which was made by DR. G. A. CLOSE, of Bellaire, O.) which appeared in the MEDICAL AGE of June 11, 1883, the theory was advanced that this brown pigmented streak was the result of mechanical irritation. Or, in other words, the tendinous cord, which is formed by the junction of the aponeurosis of the oblique and transversalis muscles irritates the deeper layers of the integument.

The translator gave it as his opinion that the line is more often present than it is taken notice of, and states further, that if all the conditions necessary to produce this irritation are present, then this pigmented line will make its appearance on the skin of the abdomen of both sexes. Those who have been taught to look upon this line as an accompaniment to pregnancy, must have felt somewhat shaken in their belief, when DR. CLOSE cited three cases as coming under his observation, where this brown line was distinctly shown upon women who had not been pregnant for many years, and says that in the one case the lady was afflicted with ascites, whereas, in the other cases, ovarian tumors were present.

HEBRA says the pigmented line makes its appearance during pregnancy, and, after delivery, it disappears.

But, on this point, HEBRA is in error, as I have examined, since publishing my first article on this question, five women who had not been pregnant for a number of years, and who were afflicted with no tumors whatever, nor had they an enlarged uterus or false position of the bladder, and the abdomen was of natural size. Yet every one of these women had a distinct brown line.

I concluded that in these cases the brown line had remained over from the last pregnancy or had been already present in girlhood.

A prominent physician, in August of last year, called my attention to the fact, that he, on many occasions, saw the pigmented line on the abdominal skin of virgins. Soon after this, I treated Miss A. M—— of this place, 20 years old, for typhus abdominalis, who had, so far as I could ascertain, never been pregnant. This young lady was of the blonde type, blue eyes, well developed, abdominal skin clean and white, and had a brown line about ⅛ inch wide, very distinct, with sharp borders extending from the umbilicus to the mons veneris.

But we may always have our doubts as to whether pregnancy has or has not been present at some time, especially as the experienced physician is constantly coming into contact with persons of the gentler sex who understand the art of keeping their own secrets.

Below I will cite three cases which will show, beyond all dispute, whether or not the brown line is a reliable symptom of pregnancy:

The first case was Victor V—., 20 years old, a beer-brewer by trade, whom I treated for pneumonia. He was of the blonde type, large blue eyes, with muscular tissue flabby, and skin dry and brittle, who had a distinct lower half of the brown line.

The second case, Master Chas. G., 8½ years old, I treated for angina ulcerosa. The boy was fairly well developed, had transparent skin, auburn hair and dark eyes. The lower half of the brown line was present and distinctly seen upon the abdomen fully ¼ inch wide.

The skin covering the umbilicus was also pigmented.

The third case was an inmate of the workhouse, who, through the kindness of DR. E. S. HANNA, I had the opportunity to examine; the brown line here was not distinctly shown, yet, it was present.

The mucous membrane, as also the lymphatic glands of the two first cases, showed a tendency to inflammation. The lymphatic glands were perceptible to the touch, and the abdomen was full and well-rounded. The question naturally arises, what causes produced the pigmented line in these cases?

Perhaps the question will become clearer, when we look at a few of the prominent points separately.

First, the brown line is more often seen on the abdomen of pregnant women. Second, SCHRŒDER and others say that the lower half of the brown line is more constant than the upper half. Third, in each of my cases as cited above, the upper half of the line in question was entirely wanting. Fourth, HYRTL and GRAY say the lower helf of the tendinous cord is more thick and prominent, whereas the upper half is more broad and flat.

To me it does not seem remarkable that the brown line should be found on the abdominal skin of males. The compactness, as well as the size of muscles and tendons, varies with different individuals, and it is probable that the fibrous cord, which is simply the junction of tendons (or as HYRTL calls it, the rendezvous of all the aponeuroses of the abdomen) will be compact and prominent in the one, and in the other less dense and flat.

In quite a number of cases I have found it an easy matter to feel the lower half of the cord through the skin. Therefore, we will rarely find the brown line in its lower half to be absent, where the irritative cause 'is great as in pregnancy, and large tumors which arch the abdominal walls forward. In cases where the above conditions are not present (as I have cited) we must assume that the thickness of the lower half of the fibrous cord is so great that its own prominence gives sufficient cause for irritation. This is yet more probable when we bear in mind that the weight of the contents of the cavum abdominis will distend the region of the abdomen under consideration, to a greater extent than that portion lying higher.

Working, walking, etc., will produce little shocks, the force of which will fall especially upon this region. Further, the skin of one person is more sensitive to irritation and the formation of pigment than the skin of another.

In those very few cases of pregnant women where we fail to find the brown line, we may assume that the fibrous cord is very flat that the skin has not much tendency to the formation of pigment, and that the weight of the contents of the uterus, probably by reason of a large pelvis, is more directly felt by the latter.

316 BUTLER ST.

Correspondence.

MEDICAL FLUNKEYISM IN ENGLAND.

If the subject matter of the article with the above heading which appeared in the last issue of the AGE was not so thoroughly disgusting, your mode of treating it would be highly amusing. But, being myself an Englishman, and knowing somewhat whereof I speak, I trust that you will spare me a little space in explanation of the *locus standi*, and in vindication of the manliness of the profession in England. You are, doubtless, aware that in that and many other countries, there are orders and degrees of men from the highest to the lowest; and that each class has its place as well-defined and consequent as the figures which encircle the dial of a clock. The learned professions have their place next to the officers of the army and navy. In each case, however, they must be graduates of an university, or, in case of the law, they may be members of an Inn of court. For, be it understood, that a barrister is a gentleman by virtue of his profession, whereas an attorney or solicitor is not so. A physician, or doctor of medicine, is a gentleman by virtue of his degree; which, in England, can only be conferred by an university, or by the Royal College of Physicians. Whereas, a surgeon, general practitioner, or apothecary is not considered a gentleman. Of late years, however, a university degree (Magister Chirurgici or M. C.) in surgery, has been established, which is on a par with M. D. So with the clergy, who, in England, are almost all graduates of some university, which entitles them to the status of gentlemen.

In short, it is the degree which confers the honor; and every graduate of an university is a gentleman by virtue thereof.

Next to these, come the higher branches of trade, such as bankers, merchants, and the ungraduated members of the learned professions, who are not classed as gentlemen but merely as traders and workers for hire; and so on, in gradual declension down to the lowliest of the low. Now, the beneficed clergy, barristers and physicians are not supposed to work for hire, their emoluments being looked upon as honoraria instead of mere wages; hence, the social distinction. Mere money has very little to do with the matter. It is well known that there are many solicitors who are exceedingly

wealthy, and that there are any number of poor, briefless barristers. Moreover, a poor clergyman is looked upon with much more respect by all classes, and is admitted into society that a mere tradesman, be he never so wealthy, could never hope to enter.

So much then in explanation; now, for a word in *vindication*.

There are flunkeys and there are flunkeys, you know, my dear doctor. Some are to the *manner* born. In those, flunkeyism is not only innate but inherent. And I strongly suspect that the "practitioner of fifty-one years' standing" belongs to this class. He certainly is no sample of the English profession in general. If he is, I cordially agree with you that such a class of man would be regarded by gentlemen "with a contempt utterly incompatible with social equality." I am sorry to say that there is too much flunkeyism, not only in England, but elsewhere; and in other walks of life besides the medical profession. Nevertheless, I am happy to say that there still remains a host of men who are not only able but willing to do their whole duty without cringing or crawling to anyone. For my own part, both in England and elsewhere, both by word and in deed, I invariably and most emphatically give people to understand that I consider it a far greater favor on my part, to attend to them, than it is for them to come to me. Especially, as the benefit received is immeasurably greater on their side than on mine. I willingly admit that a man who can successfully act in this way must not only have courage, but he must also have brains. But, if he is possessed of these essentials, not only can he do so without offence, but his patients will like him all the better. A few indeed may take umbrage; but, the world is wide, and they can go elsewhere. There are thousands of such men in England. Men who have regular consultation hours; and when such hours have expired, will admit no more, even though their waiting room is full; aye, and even if my lord "Don'tknowwho" should be among the waiters. For, be it understood that, with such men as these, the truly democratic rule, "first come, first served," is almost always carried out. Special appointments, indeed, are often made, but, as a rule, they do not interfere with regular consultation hours. Your "practitioner of fifty-one years' standing" has, evidently, never had anything to do with real gentlefolk, for none but *parvenus* would either be guilty of such conduct or give cause for apprehensions such as are mentioned in your article. The only thing that could possibly happen to persons of real nobility, whether titled or not, would be a sense of mortification to find that, instead of admitting a man of refinement, they had opened the door to a boor. Even then, if the presence of such an one was absolutely necessary, they would do their best to place him at his ease.

ANDREW J. B. JENNER, M. D.

DETROIT, Jan. 22, 1885.

PREVALENCE OF SCABIES.

I wish to inquire of the readers of the AGE whether they have met this winter with an unusual number of cases of itch, and also of a peculiar papular, and partially vesicular eruption, quite closely resembling the itch? I had seen but two cases of itch in fourteen years, until two months ago, since which time I have treated upwards of twenty cases—nearly all of them occurring in good families, where order and cleanliness prevail. They have readily yielded to treatment; but not so with the other disease, that somewhat resembles the itch. It is situated mostly on the inside of the arms and thighs, and also on the chest, but is also occasionally found on wrists, ankles, neck, hands, back and abdomen. It is slightly confluent, and forms irregular patches.

Small scabs form from scratching, which is occasioned, especially at night, by intense itching and burning. When once scratching has been indulged in, the tendency to continue seems irresistible. This pruritic element, and its general appearance, would seem to place it as a lichen. But under a lens the papules and and vesicles are not symmetrical, like those of lichen; besides, it has the peculiarity of attacking whole families of all ages. Internal treatment by arsenic, and external applications of carbolic acid, zinc, bismuth, and tar, variously used, have so far given rather slim results. Alkaline baths give a considerable relief for a day or so.

I learned from a traveling drug agent that there are numerous cases of such a disease in the central and northern part of the State. If such be the case, I hope my brethren will let us hear from them on the subject, through the columns of the AGE.

M. R. MORDEN, M. D.

ADRIAN, Mich., Jan. 20, 1885.

KAVA KAVA IN CYSTITIS.

A most obstinate case of cystitis, of several years' standing, has recently been under my care, and as it presents several points which may be of interest to the profession, I venture to make the following brief report of it. The inflammation seemed to affect the whole urinary tract, sometimes being more concentrated in the bladder, and, again, in the kidneys.

The exciting cause was unquestionably gravel, for at times concretions as large as a grain of wheat would be passed. At such times the pain was, of course, excruciating. Exacerbations of gout were not infrequent, and the patient's rest was disturbed by frequent urination. After exhausting, in vain, all the remedies usually employed in such cases, I was quite discouraged, and began to cast about for something new. The first drug which I selected was kava kava, of which I gave a teaspoonful of the fluid extract (P. D. & Co.) in a teacupful of luke-warm water, morning and evening. The first dose caused a profuse perspiration and gave entire relief from pain. The stools, also, which had been previously of clayey appearance, assumed their normal bilious color. In four days the urine became as natural as a child's, and was voided with scarcely a trace of uneasiness. The patient was, in addition to the kava kava, kept on an exclusively milk diet, and went on to complete recovery.

WILLIAM DUNSTONE, M. D.

HANCOCK, Mich., Jan. 7, 1885.

DR. DIXIE CROSBY'S MALPRACTICE SUIT.

In the No. of AGE for December 26, p. 372, is an allusion to the late DIXIE CROSBY'S suit for malpractice, in which the statements made vary somewhat from the exact truth. The suit did *not* render the later years of the doctor's life miserable, by any means. He won the suit on the second trial. It cost him something for the trials, to be sure, but he told me that he thought it was no pecuniary damage to him, as his business was much increased from the advertising the suit gave him. He was certainly never brought near the verge of financial ruin by it. He left a very comfortable estate when he died.

I am not sure whether the "quondam" patient is dead at present or not. I am quite certain he was not dead when the doctor died, and I never was aware that there was any question of diagnosis and prognosis involved. It was a question of impossibility, for the doctor saw the patient but once or twice, and then in consultation. Some other case must have been in the mind of the writer. If you desire, I will endeavor to procure and send you a copy of the printed evidence in the second trial of the case.

DR. C. P. FROST,

Dean of Dartmouth Medical College.

HANOVER, N. H.

The Medical Age.

A SEMI-MONTHLY REVIEW OF MEDICINE.

JOHN J. MULHERON, M. D., Editor.

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Editorial.

CHANGE IN OUR MAKE-UP.

During the existence of the AGE as a 16 pp. journal, the arrangement, or rather, lack of arrangement, of its matter which has been followed up to this time was found to answer all requirements. The addition of eight pages has, however, seemed to make it advisable that a different plan of presenting its contents be adopted, it having been found that classification, under heads, will facilitate reference. We have accordingly adopted the arrangement which appears in the present issue, and confidently hope it will meet the approval of our readers.

BLOOD-LETTING.

It was thought by many a few years ago that at a future date sufficiently near to have been compassed by the present time, blood-letting would have commenced to take a rank among therapeutic resources similar to that which it occupied half a century ago. But despite the prophecies which were ventured, and such vigorous pleas as the late DR. GROSS' paper on a "Lost Art in Medicine," there is, probably, no more blood drawn from the median basilic to-day than there was ten years ago. Whether the practice is destined to find favor is, apparently, equally uncertain now as then. Doubtless, it merits a much better place in professional esteem than is accorded it, and any arguments calculated to show its real value and the particular conditions to which it is applicable are always in order. DR. RICHARDSON, of the Asclepiad, discusses the subject in Gaillard's Medical Journal, and, as is always looked for in this gentleman's writings, adduces some strong arguments in support of the position which he assumes. He holds that in the matter of blood-letting, as in that of all other therapeutic measures, its intelligent application must be in accordance with a preconceived

theory. Our forefathers applied the remedy without such theory, and, consequently, it came to be resorted to very empirically. Dr. Richardson then proceeds to elaborate his theory, which may be summed up under a few heads: *firstly*, abstraction of blood modifies the balance of the circulatory and respiratory systems; *secondly*, it causes influx of fluids into the venous reservoir from the tributary supplies; *thirdly*, it causes hydration of the colloid fibrin; *fourthly*, it induces syncope; *fifthly*, by removing nervous control, without at the same time affecting muscular irritability, it gives rise to convulsions; and *sixthly*, it causes a decline of temperature. From these facts the question, What are the conditions of disease demanding abstraction of blood? is answered.

Lightning Stroke.—The older men in physic always opened a vein in such cases, and their experience is fully corroborated by experiments conducted by Dr. Richardson. He found that a full-grown sheep could be instantaneously and fatally struck down by a discharge from a Leyden jar. Laid on a bench after such a shock, animals were apparently dead, and actually dead if let alone, but if instantaneously bled freely from the neck they soon began to breathe. The *rationale* of this treatment lies in the fact that the electric shock creates expansion of the venous reservoir; with this there is liberation of gases from the blood; distension of veins in all parts, pressure on the brain in the closed cavity of the skull, and insensibility as a result; and distension of the right side of the heart, so that muscular structure is paralyzed, with temporary cessation of all motion and function. The opening of the vein relieves all this.

Sun-Stroke.—In sun-stroke Dr. Richardson maintains that the conditions are closely analogous to those induced by lightning, and after reviewing the remedies usually resorted to he asks of what avail are these slow, these almost meaningless measures? By the side of the grand old remedy they are trifles, having neither theory nor practice to sustain them. We are pleased to note that quinine is not included in this sweeping statement. Antithermic doses (twenty to thirty grains) of this drug given hypodermically are known to be highly beneficial in sun-stroke.

Mechanical Shock.—Mechanical concussion differs from lightning stroke in that it does not increase the tension of the venous blood. It paralyses the muscular system through the nervous, and it is probable that after such paralysis, it were better to endeavor to secure restoration by the application of warmth and the administration of a stimulant, than by abstraction of blood. And yet Dr. Richardson cannot avoid the suspicion that in some cases of mechanical shock, our forefathers did right in drawing blood. There is a condition of reaction after recovery from the paralysis of shock in which the heart, recovering first from the general shock, pours into the feebly-resisting capillary vessels a full volume of blood, leading to what is called congestion of the vascular organs, and to secondary mischiefs, resulting from congestion. In these circumstances the pulse becomes resistant, the veins full, the breathing labored, and the body hot, while the unconsciousness from the paralysis passes into unconsciousness from coma. Both theory and two cases of practice convince Dr. Richardson that it is good to draw blood in such cases.

Reaction from Exposure to Cold.—In cases in which the body has been exposed to what may be correctly called the shock of extreme cold, we have, during the reaction, a series of symptoms similar to those which follow the reaction after the shock from a blow or concussion—the same hard pulse, tense vein and congestion. When these cases end rapidly, they are usually returned as cases of acute congestion of the lungs, while in truth there is not congestion of the lungs alone, but of the whole vascular organs. To draw blood in this stage is, in the opinion of the author, simply to cure off-hand, as his experience has amply demonstrated.

The other conditions enumerated as those in which the abstraction of blood is indicated, are cases of cardiac congestion and of cardiac apoplectic coma. The author wisely reiterates the caution against the practice in confirmed inflammatory conditions, where, upon congestion, structural change of some important organ has supervened, where the temperature is persistently high, the skin dry, and the tongue furred. In the above outline we have indicated the conditions in which the author affirmatively and firmly declares in favor of one of the oldest and grandest of remedies, which he would fain once more bring out to the full light of day, place on a scientific basis, and reclaim and reform it.

INFECTIOUS AND PARASITIC PNEUMONIA.

Prof. Germain Sée read a paper on this subject before the Académie des Sciences, on Nov. 24th (L'Union Médicale—Am. Jour. of the Med. Sciences). Whilst of late years, he said, pneumonia has been regarded as the type of simple inflammation, the cause of this inflammation has been attributed to cold. Struck by the observation of a number of cases in which pneumonia behaved as a true infectious disease, successively attacking several members of one family, he has, in his clinical lectures at

l'Hôtel-Dieu, opposed the classic doctrine since 1882, and has taught the infectious nature of the disease. Since that time numerous cases, published in England, Germany, and elsewhere, seem to prove that pneumonia may, under certain circumstances, be developed, as is typhoid fever, breaking out in a prison, a school, barracks, or a village, and attack a large number of people just as one of the more clearly-defined infectious diseases. The question therefore arises: Are these cases to be considered as a special variety of pneumonia or only ordinary pneumonia? The answer is that the identity of the two kinds of pulmonary inflammation has been demonstrated; there is no pneumonia originating from cold; whether occurring as a sporadic or epidemic disease, pneumonia is always parasitic.

The micro-organism of pneumonia was simultaneously demonstrated in Germany by FRIEDLÆNDER, and in France by TALAMON, Prof. SÉE's Chef de Clinique. According to TALAMON, the parasite of pneumonia is an oval micrococcus, from 1 μ to 1.50 μ long, and from .50 to 1 μ broad; it is constantly found in hepatized lung tissue. As seen in the fibrinous exudation, it has the form of a grain of wheat. Cultivated in a liquid medium, in alkalinized solution of meat extract, it is elongated, tapering, and looks like a grain of barley. It is sometimes single, sometimes coupled together as diplococci, and sometimes occurs in chains of four. FRIEDLÆNDER's description is very similar to that of TALAMON, but he claims to have also found, besides the pneumonic cocci, a capsule which he regards as the essentially characteristic element of the micrococcus. This capsule does not exist, and has nothing to do with the micrococcus: it is a result of his method of preparing and coloring the exudation. FRÆNKEL, at the last Berlin Congress, declared that the capsule is not a constant phenomenon; that it may be found entirely irrespective of any micro-organisms, and that the capsules cannot possibly be considered as characteristic of the micrococci of pneumonia; and FRIEDLÆNDER has recently renounced the idea that it is in any way distinctive of the pneumonic micro-organism.

Whatever it may be, this micrococcus is not found in the inflamed lung alone; it has been isolated and cultivated in a liquid and solid medium; and, inoculated in animals, has produced lobar pneumonia, such as is seen in man. Thus far, no irritating substance introduced into the respiratory passages has caused lesions characteristic of frank pneumonia; a special action of the micro-organism is needed to cause it. FRIEDLÆNDER and TALAMON, by injecting cultures of the micrococcus into the lungs of mice and rabbits, have caused typical cases of pneumonia, precisely similar to that occurring in man. In a number of cases the microbe, by emigrating from the lung and invading neighboring organs, has caused at the same time pleurisy and fibrinous pericarditis of the same nature as the pulmonary inflammation.

From these facts we cannot hesitate to regard pneumonia as a specific parasitic disease; it may be reproduced in animals, but the reproduction is impossible with ordinary irritants, physical or chemical. In order that the characteristic inflammation be developed, it is necessary that a special microphyte be brought in contact with the lung tissue, and there multiply. The inflammation remains localized as long as the micro-organism does not pass the limits of the pulmonary tissue; this is *simple* pneumonia. It extends and becomes generalized when the microbe invades the general circulation, either through the lymphatic or vascular system; when it becomes *infectious* pneumonia.

This parasitic pneumonia may be absolutely distinguished from the other forms of acute pulmonary inflammation, usually described under the name broncho-pneumonia. Without doubt, microbes also play a part in these cases; but that part is secondary; the course of the disease, as well as the extension of the lesion, is here dominated by the existence of a previous bronchitis, due to the influence of cold, and by the propagation of this bronchitis to the finer bronchi and the alveoli. Broncho-pneumonia, developed from bronchitis *a frigore*, has nothing definite in its evolution; it proceeds by successive and irregular stages. Like the eruptive fevers, parasitic pneumonia has a definite course. Its duration is within fixed limits, and usually does not last more than six or nine days; it is characterized by intense hyperpyrexia; the temperature keeps at one point for about one week, following an unvarying course, as in all acute infectious diseases, dominating during this period all local manifestations and physical signs, and then falls suddenly, often the seventh day.

As regards treatment, our object should be to tide the patient over the seventh day, as the disease usually declines at this time. Venesection and tartrate of antimony should not be used. The temperature should be kept down by quinine and antipyrine; and the patient kept up by alcohol and nourishing liquid food.

LOCAL CAUSES OF FŒTID BREATH.

Fœtor of the breath is not an uncommon occurrence nor are its more common causes in much danger of being overlooked. Pulmonary or laryngeal disease, mineral poison, as mercury, for instance, ulceration of the mouth, decayed teeth, and disorder of the stomach, are usually chargeable as the cause, and there are

probably few who look for it in any other condition. That there are other causes is, however, clearly pointed out by DR. P. MCBRIDE, in the current number of the Edinburgh Medical Journal. This writer insists at some length on the fact the chronic follicular tonsillitis, ozæna and catarrh of the tongue, are frequent and frequently overlooked causes. In follicular tonsillitis the crypts of the tonsils are the parts most affected, the mucous membrane with which they are lined pouring out a secretion which tends to become inspissated and afterwards to decompose. As a result the appearance on examination is that of a white particle situated on the surface of the gland. By way of treatment the crypt should be emptied and the catarrhal condition of its membrane cared for. The introduction of a thin probe previously covered with nitrate of silver will usually be found to be the best remedy.

Opinions differ and many theories have been advanced concerning the cause of the odor of ozæna and DR. MCBRIDE after briefly reviewing these theories gives his preference to that of FRANKEL, of Berlin, who maintains that it is necessary to assume the presence of a specific ferment in cases of ozæna to meet the fact that atrophic catarrh sometimes, though rarely, exists without odor. Ozæna may be said to be always associated with atrophy of the nasal mucous membrane. If the secretion be examined in its fluid state, it is found to consist of pus cells and enormous quantities of bacteria. By way of treatment, while douching and syringing are, doubtless, beneficial, they are not to be compared in efficacy or safety with the anterior nasal spray. According to DR. MCBRIDE'S own experience the most satisfactory results are obtainable from an alkaline and antiseptic spray, immediately followed by one containing as much tincture of iodine as the patient can bear, which usually does not excede five minims to the ounce.

Catarrh of the tongue is held to by the author to be a far more common cause of fœtid breath than any other condition. Furring of the tongue is so common and so frequently associated with robust health, that its pathological nature has been almost lost sight of, except, indeed, when it occurs as a symptom of a general disease. This furring of the tongue is due to catarrhal inflammation of the epithelial covering. It is usually ascribed to dyspepsia but it seems to be forgotten that the fœtor is not directly due to the presence of noxious material in the stomach, but to decomposing inflammatory products on the back of the tongue. The local treatment of the tongue in such cases is the best method of overcoming the fœtor, and it frequently also acts beneficially on the gastric disturbance. A solution of nitrate of silver in nitrous ether, which is so valuable in cases of scaly eczema, will be found an excellent application, while MICHEL advises the use of concentrated acetic acid.

RHAMNUS PURSHIANA.

The status of rhamnus Purshiana among therapeutic resources, and the history of the introduction of this drug to the medical profession, are so well known that our readers are, doubtless, prepared without further argument, to fully appreciate the following, taken from a work on the Medical Botany of North America, by DR. LAURENCE JOHNSON, just issued: "Some years since *R. Purshiana* was introduced to professional notice in this country under the absurd and fanciful title of *cascara sagrada*, and most energetic efforts were made to gain for it an entirely unmerited reputation as a remedy for constipation, etc. Even when administered in pleasant-tasting elixirs—of, to the prescriber, unknown composition—its action is not unfrequently attended with nausea and griping. There is little reason for considering it as essentially different or more reliable than frangula bark or common buckthorn, and hence its popularity, being forced and fictitious, will be short-lived."

We do not know, and are at a loss to divine, where the author of this singular statement secured the data for his conclusion. It certainly cannot have been from the medical periodical literature, for, cocaine hydrochlorate scarcely excepted, there has been no new drug introduced to the notice of the profession within the past decade, the consensus of favorable opinion touching which has been so marked as in the case of rhamnus Purshiana. Not only in this country, but in England, men whose opinions the profession have learned to regard as eminently trustworthy, have been so singularly unanimous in corroboration of the claims made for this drug as a remedy in constipation, as to have effectually fixed the validity of those claims. The author must, therefore, have disregarded the experience of others and written from his own. In that case he has certainly been imposed upon by one of the false varieties of the drug which have been placed on the market. In his condemnation of "the pleasant-tasting elixirs—of, to the prescriber, unknown composition," he cannot have reference to Cascara Cordial, for the formula for this preparation is printed in black and white on every bottle of it, and if "its action is not unfrequently attended with nausea and griping" we cannot but regard it as strange that in the reports with which practitioners have furnished their brethren, reference to such untoward effects has been conspicuous for its absence.

Touching DR. JOHNSON'S prediction that the popularity of rhamnus Purshiana "being forced

and fictitious will be short-lived," it is only necessary to state that, in spite of the strenuous efforts of the trade rivals, during the past six years, to fix the odium on the drug which the doctor repeats, without, we fear, a careful weighing of the evidence, the sales of cascara sagrada and its "pleasant-tasting elixir," cascara cordial, are, we are assured, larger to-day than ever before, and that they are steadily increasing. If the drug is the imposition which this learned botanist (we do not know that he is a practitioner of medicine) would have his readers believe, it is passing strange that the profession have not yet discovered the fact.

THE USE OF DRUGS.

Doubtless there are physicians who prescribe too freely—whose faith in the power of drugs unto the healing of the sick, is stronger than observation of demonstrable effects will warrant. Having witnessed recovery in numerous instances, following their use, they flatter themselves that the result is directly due to their skillful prescription of the proper means to the end. There is, probably, too little discrimination on this point. A more correct appreciation of nature's power to restore the disturbed vital forces to their normal equilibrium, would result in a more accurate knowledge of the part which a particular drug plays in removing the obstacles in the pathway to health. It is the defectiveness of this knowledge which prevents therapeutics from taking rank among the exact sciences.

But there is another class of physicians who, with incredible inconsistency, affect to regard drugs as useless, and worse than useless, in the treatment of disease. These are the therapeutic nihilists, maintaining that when nature is powerless to restore the equilibrium of her forces, the patient must succumb, for drugs are useless. It is needless to further describe this class. They are the antitheses of the pharmacomaniacs. Both of these classes have improper conceptions of their possibilities as physicians. The physician who practices medicine intelligently, as to the employment of drugs, is found in between these two extremes. Dr. AUSTIN FLINT gave a very happy description of such a one in his address before the late meeting of the N. Y. State Medical Association: "Here," he said, "as in other instances, '*in medio tutissimus ibis*' is the conservative maxim. The practitioner who holds a just medium between the two extremes has sufficient confidence in medicinal agents, but, recognizing that in proportion to their potency they do either good or harm, he must be satisfied that they are clearly indicated before he employs them. He will not prescribe potential drugs at a venture, but only for a clearly-defined purpose. He shoots after having taken deliberate aim, and he shoots with the rifle in preference to the shot-gun. He requires competent testimony, based on trustworthy experience, before subjecting patients to the trial of new remedies. Fully alive to the progress of knowledge in medicinal therapeutics, he holds fast to what is actually known, and adopts what is new on satisfactory evidence afforded by his own experience added to that of others. He may make original observations with a view to enlarge the boundaries of our therapeutical knowledge, but his observations are made with due precautions, not overlooking his responsibility for the welfare of his patients. His observations have for their sole object the discovery of truth for a beneficent end. He is conservative, but his conservatism is not fogyism. He cultivates and practices medicine as a science, but he never forgets that medicine is a science of which the pervading principle is humanity."

COCAINE AND CAFFEINE.

A short time ago a deservedly prominent pharmacist of the east, noted both for his scientific attainments, and his conservatism, declared as the result of experiments conducted by himself, that coca erythroxylon was a particularly inert substance, in-so-far as medicinal virtues were concerned, that there was nothing in it to give it preference in any direction to tea or coffee, and intimated that the claims which had been made for it as a nervous stimulant had no better foundation than such as is furnished by the imagination of those who are influenced by parties interested in the sale of the drug. Such a declaration, made in the face of volumes of testimony to the virtues of coca erythroxylon, gathered from the experience of active practitioners of medicine, very naturally surprised many who had come to regard the gentleman as one of our most reliable authorities on matters pertaining to pharmacy and the materia medica. The declaration had, however, been scarcely published to the profession, when the discovery of the remarkable anæsthetic properties of the alkaloid of coca erythroxylon, by KOLLER, fixed the drug indisputably as one of the most important in the hands of the profession. This discovery, moreover, was of such a nature as to reflect no little credit on those manufacturing pharmacists on whose representations the profession was led to accord coca the extensive trial with which it had been favored in this country. There is a moral very clearly deducible from this whole matter: The experiments of the laboratory should not always be accepted as proofs of the unreliability of the practitioner's experience.

Certain experiments by Dr. ARGYLL ROBERT-

son, M. D., F. R. S. E., and reported in the British Medical Journal of the 3d inst., are of interest in the above connection. The similarity of caffeine to cocaine in chemical constitution, naturally suggested the former to him as a possible substitute for the latter, more particularly as it is much less expensive. He accordingly obtained a 16-per-cent. solution of caffeine by the employment of sodium salicylate and applied it for its local anæsthetic action. He found that it acted similarly as a mild mydriatic, but that it did not produce the slightest anæsthetic effect on the conjunctiva to which it was applied. The dilatation of the pupil commenced about half or three-quarters of an hour after the introduction of one or two drops, and passed off within twenty-four hours. The application produced a little smarting, which lasted a few minutes, and also induced some slight conjunctival injection, which endured for some hours. This, however, may be attributable to the saline character of the solution.

NEVER BE THE LAST DUCK.

In one of his talks with the "boys," Mr. Joseph Muff, in the London Medical Student, gives them some "pointers:" "Your grand study must be human nature, and the habits of society. Be assured that at all times a ready tact and a good address will bear down all the opposition that can ever be offered in the shape of professional knowledge and hardly-earned experience. You will do well to take a few private lessons of the nearest undertaker in the necessary art of fixing your looks and assuming a grave demeanor, and your spare half-hours may well be spent in learning the most abstruse names of the most common diseases; by the display of which you will flabbergaster other practitioners whom you may be, from time to time, called upon to meet in consultation. Leave vulgar, common-place affairs, like measles, whooping-cough, croup and colic, to monthly nurses and small apothecaries; but when you have once written a treatise on the exhibition and beneficial effects of susquicarbonate of sawdust in the early stages of megalanthropongenesia, be assured your fame will soon extend."

"You will find depreciation of brother practitioners of immense service, but this must be carefully done, to avoid ever being found out. When you are shown their prescriptions, shake your head, and order something else; which take care to make of a different color and taste. In the great world the term 'making one's fortune,' implies ruining somebody else's; and as we all attain eminence by clambering over one-another's shoulders, do all you can to push down those above you for stepping-stones. An illustration of this theory may be seen in the Chinese collection at the Hyde Park Corner, only it is half-a-crown to go in. Wait until it comes to a shilling and then imbibe the philosophy there taught. There is a picture of a duck-boat, and we are told that the ducks are called in every night in an incredible short space of time, hustling over one another like the pittites of a theatre on grand nights. This race for superiority is rendered thus animating because the last bird that goes in is always beaten by the owner. My beloved bricks, recollect that the world is a large poultry-boat, and be careful, even to cracking your fibres and heart-strings with exertion, *never to be the last duck!* Should this happen, the beating will probably maim you, and you will never be able to regain your lost position."

MEDICAL BOTANY.

In the London Medical Student Mr. Muff, after having "passed the Hall," settled at Clodpole. He occasionally took a run up to London, and on one occasion was induced to address the class, when he chose to say a few words on Medical Botany. It is painful and surprising, in view of the attention which this important subject receives in our colleges to day, to note how highly he spoke of it: "Gentlemen," he said, "There is a portion of your curriculum of study which carries with it a subject of such vital importance that it deserves especial notice. I allude to the two courses of lectures upon Botany, which, by the politeness of the Apothecaries' Company, you are permitted to attend. You must be deeply impressed with the importance of thoroughly understanding the physiology of the stinging nettle in a case of fracture of the skull; and you cannot but laugh at the pretension of a medical man who would attempt to unite a broken bone, without first being able to distinguish a daisy from a chamomile. Nor, I am certain, if thrown upon your own skill, would you willingly attend a case of croup or cholera, unless you were clearly aware that the proper name for Buttercup was *Ranunculus bulbosus* —an imposing title, well calculated to raise the importance of such an humble vegetable production, and make it think no small sap of itself.

The lecturers upon Botany—with their diagrams of large green leaves, that never grew on any tree in the world, and collections of half-dead garden-stuff, which induces a lament that no rabbits or guinea-pigs are kept to devour it —may be looked upon as scientific Jacks-in-the green. When summer comes and their lessons begin, you will find that they will tell you in their first lecture that the productions of the teeming vegetable world furnish us with an inexhaustible fund of scientific and gratifying

amusement. This is their idea. Between ourselves, a man must be exceedingly hard up for friends, to find recreation in the society of a cowslip; and whenever I hear the lecturers affirm, with respect to vegetables, 'that they rivet our attention by their admirable combinations,' I cannot divest myself of the idea that they allude merely to lobster-salad and spring soup."

EXTRA-UTERINE PREGNANCY.

A correspondent having a case of extra-uterine pregnancy under his care, asks us for the best method of treating this accident. Electricity is now, we believe, the most approved means to this end. It is employed for the twofold purpose of killing the fœtus and stimulating its absorption. in the former case, as pointed out by DR. MASSEY, in a recent issue of the Boston Medical and Surgical Journal, a somatic death of the germ contained in the tumor is desired; in the latter, merely a molecular death or change. In this latter instance, where death of the fœtus has occurred, and we merely wish to promote its absorption, together with any effused blood or other material, the indications being almost exactly similar to those of any other intra-abdominal tumor, the current with greatest electrolytic power—the galvanic—is to be preferred. On the other hand, if we wish to arrest the onward progress of life in the fœtal mass, in the interest of the unfortunate mother, the current which will accomplish the object with least danger to the mother, is to be preferred. This is undoubtedly the faradic current. Shock must be the quality of value here. It is simply a question of transmitting a sufficiency of shock through the abdominal walls of the mother to the more vital parts of the fœtus. If the ordinary faradic battery is not strong enough, the gravity of these sad cases would even warrant the building of a weak dynamo for this special purpose. As to method of application: the external percutaneous passage of the current by moistened electrodes, would seem to be the best. A vaginal electrode might be used, however, the principal endeavor being to send the current directly through the tumor. The most sanguine hope, in these cases, is that the fœtal remains may finally become encysted.

THE PHYSICIAN AND PATIENT.

N. Y. Medical Journal: A recent number of the Lancet contains a thoughtful editorial upon this subject, called out by an unjust charge against a medical gentleman. The subject is a delicate one, but the writer has approached it in a most careful and unobjectionable manner. It is not wholly unnecessary to remind physicians that they can never be too cautious in dealing with a certain class of women, who may maliciously involve an innocent man in lasting disgrace. The recklessness with which some of the younger men allow themselves to treat pelvic diseases, without providing the smallest loop-hole for escape in case of unjust accusations, is a constant matter of surprise to those who have learned caution from experience. Short visits, entire absence of familiarity, and a refusal to undertake any procedure in a questionable case without the presence (or knowledge) of a third party—these are the only safeguards.

"It is usually advisable to avoid mixing social with professional visits," says the article to which we allude; "a doctor visiting *as a doctor* should play the doctor and not the visitor; he may visit *as a visitor* at another time. In cases of domestic unhappiness or separation he should be doubly cautious."

Enough has been quoted to show the tenor of the remarks. No man who follows out these precepts can fail to conduct himself on every occasion in a manner worthy of the honor and dignity of his profession.

BROMIDE OF ARSENIC FOR PIMPLES.

It will be a great relief to suffering thousands to learn on as good an authority as DR. PIFFARD, that the bromide of arsenic is a cure for pimples. He recommends a one-per-cent. solution, of which one or two minims are to be taken in a wine-glassful of water three times a day, on an empty stomach. The dose is to be diminished as the pimples begin to disappear.

The Annals of Surgery is the name of the new journal announced some time since, and devoted to surgical science and practice. It is edited by L. S. PILCHER, M. D., of Brooklyn, N. Y., and C. B. KEETLEY, F. R. C. S., of London, England, and published simultaneously by J. H. CHAMBERS & CO., of St. Louis, Mo., and BALLIERE, TINDALL & COX, of London, England. The first number is a credit to journalism, both because of its contents and because of its mechanical execution. Neither of the editors require any introduction to the profession; they are representative men in each of their countries, and are known wherever surgery is a science. Dr. PILCHER is favorably known through previous editorial connections, and he will be cordially welcomed back by the guild. No one who makes a specialty of surgical practice, in any country, can afford not to number this new journal on his list of periodicals.

The American Academy of Medicine, it will be remembered, is made up entirely of M. A.'s, M. D.'s, these affixes, rather than anything which a man may have done, or may be capable of doing, to advance medicine as a science or as an art, being the criteria of his fitness to become a member thereof. The Medical Chronicle does not like this feature of the Academy, and it gives its estimation of the society as follows: "Above all else it seems to be a mutual admiration society, composed largely of medical dudes and professional pharisees, who at every annual meeting repeat the words of the pharisee of holy writ: 'Lord, I thank thee that I am not as yonder publican.' Its members include some of the most vain-glorious boasters, others whose professional methods verge on the very edge of quackery, and lacks many of the foremost men in the profession."

Le Faiseur d'Hommes is the name of a novel recently issued in France. The romance is nothing more nor less than a plea for artificial impregnation. The *dramatis personæ* are a count and countess who have been blessed with no olive branches, a scientific physician and an abbé. The details of the process are entered into with a minuteness better suited to a work of gynæcology than to a popular novel. The result is a success: a son is born in due season, and he is afterward known at court as "the child of the syringe." Gaillard's Medical Journal thinks, "son of a gun" would have been a better name. "Son of a squirt-gun" would have been still better, in our opinion. But why cast a slur on the boy, because he was thus conceived out of the usual way? Ought he not rather to be respected as a living monument to the genius of progressive medicine?

The Western Medical Reporter, of Chicago, comes to us at the beginning of the year somewhat changed as to its style and make-up. It is now divided into sections devoted respectively to medicine, principles, laryngology, dermatology, surgery, eye and ear diseases, obstetrics and gynæcology, and pædiatrics. Over each of these presides a special editor, who is also a specialist, and as the whole book numbers but 40 pages, one would naturally expect that these special and specialist editors should unite to give us something unusually good; and they do. This plan of editing a medical journal is novel, and we hope the experiment of thus intimately uniting nine specialists may prove the brilliant success of which it is capable.

The following "gem of purest ray serene" has been forwarded (Canada Medical and Surgical Journal) from Berhampore, which, we take it, is somewhere in the Madras Presidency. It is the duty of the tahsildar (head man of the village) to send in to the collector or head officer of the district a periodical return of all diseases, births, marriages, deaths, etc., in his village. In one of these returns the collector discovered that there was no births shown and called upon the tahsildar for an explanation. He replied, "Your honor will find the births included under the heading 'bowel complaints.'"

Of twenty-four candidates for the primary examinations in the Royal College of Surgeons, England, on October 16, sixteen were rejected. The particular points at which the candidates failed are not stated, but if we were to form an opinion based on what we know of examinations in the medical colleges of this country, we should attribute the failure to a lack of ability on the part of the young men to pay their fees. Certainly nothing less than such a pecuniary deficiency, would have caused the plucking of such a large percentage by any American college.

The dispute on the question whether it should be cocaine muriate, cocaine hydrochlorate, cocaine chloride, or cocaine hydrochloride, had now better cease. The matter has passed from the realm of chemistry into that of poetry, and the nomenclature of the latter is very taking. For instance, a writer in the Weekly Drug News calls the salt "The Angel of Anæsthesia which hovers over the Couch of Pain." Chemical nomenclature can hardly be expected to hold its own against odds like these.

According to the report of the Registrar General, there are between thirty and forty thousand persons in Europe and Wales, suffering from the curse of cancer. At the same ratio the number thus affected in this country would reach upwards of seventy-five thousand. When it is remembered that the bulk of this number falls into the hands of empirics and mountebanks, the necessity for more attention to cancer on the part of reputable physicians will be apparent.

The promptness with which the laity becomes familiar with the latest scientific facts is a tribute to the intelligence and enterprise of the secular press. For instance the word "microbe," of recent manufacture, has already been pressed into service to express an idea of utter smallness, and a Chicago drummer makes use of it to give his estimate of a St. Louis fish-merchant, whom he declares to be a "leather-faced, crop-eared, malaria-ridden microbe."

Dr. J. R. Uhler, of Baltimore, writes that he has found the application of a solution of cocaine to the vulva to mitigate the pains of labor. Possibly such an application would afford relief to the pain caused by the head passing over the perinæum. It could scarcely

be expected that it would ease the pains of uterine contraction.

MANTEGAZZA says: "God is unjust for having made man live without coca; I would prefer a life of ten years with coca, to one of ten thousand centuries without." An enthusiasm must be great which will warrant such sacrilege, and such extravagance of expression.

Book Notices.

DISEASES OF THE URINARY AND MALE SEXUAL ORGANS. By WILLIAM T. BELFIELD, M. D., Author of "Relations of Micro-organisms to Disease" (Cartwright Lectures, 1883); Pathologist to the Cook County Hospital; Surgeon to the Genito-Urinary Department, Central Dispensary, Chicago, etc.

THE THERAPEUTICS OF THE RESPIRATORY PASSAGES. By PROSSER JAMES, M. D., Lecturer on Materia Medica and Therapeutics at the London Hospital Medical College; Physician to the Hospital for Diseases of the Throat and Chest; late Physician to the North London Consumption Hospital, etc.

A MANUAL OF THE MEDICAL BOTANY OF NORTH AMERICA. By LAURENCE JOHNSON, A. M., M. D., Lecturer on Medical Botany, Medical Department of the University of the City of New York; Fellow of the New York Academy of Medicine, and of the New York Academy of Sciences; etc.

The above three volumes are, respectively, the October, November and December volumes of WOOD'S Library of Standard Medical Authors for 1884. They are each works of sufficient importance to make the reader whose library does not possess them, regret that he is not a subscriber to the full set, from which they are not sold separately.

DR. BELFELD is one of the most accomplished microscopists in this or any other country, and in no work published is the importance of the microscope as a means of diagnosis more fully demonstrated.

DR. PROSSER JAMES' book is not intended as a manual for students, but is designed more especially for those who have left the schools and entered upon the responsibilities of practice. With the fear of examiners no longer before them, they are at liberty to devote themselves to points on which they would not otherwise dare to consume their time, points which experience shows them cannot be overlooked with impunity. The book is written from a rich experience and its value is thus enhanced.

DR. JOHNSON has undertaken to supply a hiatus in American medical literature, and the result shows him to be well versed in our indigenous flora, although, as we have pointed out elsewhere in the present number, he is occasionally wrong in his treatment of drugs of more recent introduction to the materia medica. The first fifty-five pages of the book are devoted to elements of Botany and a Glossary of Botanical Terms. There is, probably, not one practitioner in a hundred who would not find a study of these pages particularly profitable in these latter days of a revival of professional interest in native medicinal plants. The book is most handsomely issued, the illustrations, including nine magnificent lithographic plates, being of an exceptional order of merit.

THE LONDON MEDICAL STUDENT, and Other Comicalities. Selected and Compiled by Hugo Erichsen, M. D., Recently Professor of Neurology in the Quincy School of Medicine, Medical Department of Chaddock College; Licentiate of the Royal College of Physicians and Surgeons of Kingston, Canada, etc
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It appears that about half a century ago there were published in the London Punch a series of articles descriptive of the life and habits of the medical student, who repaired to the metropolis on the acquirement of medical knowledge bent. Despite DR. ERICHSEN'S strenuous efforts he has been unable to discover the authorship of these articles, although circumstances conspire to convince him that HOOD, DICKENS, THACKERAY, MARK LEMON or DOUGLAS JERROLD wrote them. Anything from the pen of either of these authors, and more especially after it has appeared in Punch, needs no further guarantee of its worth. DR. ERICHSEN, in reproducing these sketches, has furnished a volume the reading of which will cause a sufficiency of clonic diaphragmatic contraction to unload the liver of the accumulations which are the fertile cause of "blues," and to work the other beneficial changes in his anatomy for which the preface prepares him. The hero of the story is Mr. JOSEPH MUFF who went up from the country imbued with ideas of morality and ambition for distinction in the profession of his choice, which a few months' residence in the metropolis, and contact with his co-thirsters for the same knowledge, demonstrated to have had root in such soil as is found by the wayside. But within fifty years several generations of medical students have come and gone, and, perhaps, Mr. MUFF'S experiences would be regarded as somewhat extravagant in this year of grace. But whether this be so or not the fact remains that every physician who has seen life among a large class of medical students in a large city, will find enough of the "true to life" in these experiences to make the book an exceedingly profitable one, in that it will recall scenes and events which even the most sedate and circumspect delight occasionally to revive. The language of the book is, moreover, so technical as to demand a medical education for its proper understanding.

In addition to the story of the London Medical Student, the book contains some fifty pages

devoted to medical anecdotes and funny sayings and doings of medical men collated from the medical periodicals during the past five or six years. It is handsomely issued, both as to letter-press and to binding, and will, we doubt not, meet with a cordial reception by the profession.

A Practical Treatise on Diseases of the Ear, Including a Sketch of Aural Anatomy and Physiology, by D. B. St. John Roosa, M. D., L. L. D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School and President of the Faculty; Surgeon to the Manhattan Eye and Ear Hospital; Consulting Surgeon to the Brooklyn Eye and Ear Hospital; formerly Professor of Ophthalmology in the University of the City of New York, and Diseases of the Eye and Ear in the University of Vermont, etc. Sixth Edition, Revised and Enlarged.

New York: Wm. Wood & Co.
Detroit: John MacFarlane.

It is now nearly eleven years since the first edition of this work was published, and during this time it has appeared in six editions. Surely no further commendation than such a record can reasonably be expected. The book is an octavo volume of over 700 pages and discusses the ear and its affections with an exhaustiveness not found in any other treatise on the subject with which we are familiar. The ear besides being in itself one of the organs of prime importance has been held by physiognomists to indicate by the shape of its auricle, the character and mental capacity of its possessor. "Let me see your ear," says one writer, "and I will tell you who you are, where you came from, and where you are going." Dr. Roosa is disposed to regard this importance of the auricle as somewhat fanciful, but for years we have been in the habit of accepting its shape as an index of the individual's brain power. No man with a well-shaped pavilion, compact as to its texture, of goodly size, with a well-formed helix, and with a shapely lobe, was ever a nonentity in the affairs of his age and generation, or a mediocre in any calling in which he engaged.

Dr. Roosa's treatment of his subject shows him to be a physician as well as an aurist, and a perusal of his work will convince the reader that the old advice "never meddle with the ear" can be followed only to the detriment of the patient. It is feared that this advice is too generally followed, and that even aurists are too apt to regard the diseases of the ear as an unimportant appendix to opthalmology.

Whether we agree with Mr. Beecher or not, few men can speak or write on any subject of public interest with so great a certainty that everybody will want to know what they say. In discussing the question as to how far ministers may properly go into politics—which he does in the North American Review for February—the great preacher shows himself to advantage, perhaps all the more because it is a matter that touches him personally as well as professionally. In the same number of the Review, the question, "How shall the President be Elected?" is ably treated by five happily chosen writers, viz., two United States Senators, Dawes and Vance; a college president, F. A. P. Barnard, of Columbia; a New York lawyer, Roger A. Pryor; and a well-known journalist, William Purcell. The substantial agreement of four of them on the same point is significant. Another notable article in this unusually strong number is a review of "Holmes's Life of Emerson," by the veteran historian George Bancroft; and still another is an essay by Prof. C. A. Young on "Theories regarding the Sun's Corona," which he skillfully brings within popular comprehension. The Rev. Dr. W. G. T. Shedd defends the dogma "Endless Punishment," and Prof. G. Stanley Hall writes on "New Departures in Education."

Lindsay & Blakiston's Physician's Visiting List for 1885 is out. The present is the thirty-fourth year of its publication, and though thus old its excellence is not a whit impaired.

A number of other books just issued from the press will be noticed in our next and subsequent numbers.

Formulary.

The following are from the Medical Bulletin:

LIQUID SPICE PLASTER.

℞ Capsicum, cloves, cinnamon, ginger, of each 4 oz.

Exhaust with stronger alcohol, evaporate to four ounces, and add to a solution of

Rosin, 9¼ ozs.
Venice turpentine, 7 ozs.
Alcohol (95 per cent.), 12 ozs.

Spread with a camel's-hair brush on paper covered with muslin, and apply in lumbago, muscular rheumatism, pain in chest, etc., over place of pain.

AN OLD AND VERY RELIABLE WHOOPING-COUGH MIXTURE.

℞ Potassium carbonate, 60 grs.
Cochineal, 10 grs.
Sugar, 1 oz.
Water, 4 ozs.

M. Dose for child of one year, two drachms; of three years or more, half an ounce three times a day.

DR. SABONBLENE'S BENZOATED PTISAN.

In renal and vesical affections when the urine is turbid or muddy, Dr. S. uses with the greatest benefit:

℞ Benzoic acid, 15 to 30 grs.
Aromatic distilled water, 2 ozs.
Sugar, 4 ozs.
Water q. s. ad., 32 ozs.

Mix.—Drink freely.

CHLORAL HYDRATE IN GONORRHŒA.

Dr. RORIDQUEZ, of the Imperial Brazilian navy, reports the beneficial effect of injections of chloral hydrate solutions in this affection, in the following prescription:

℞ Chloral, 1 drachm.
Water, 8 ozs.

M. S. Inject three times daily.

ASTHMA.

℞ Stramonii fol., 2 ozs.
Potassii nitrat., 1½ ozs.
Grindeliæ robustæ, jaborandi, each, 1 oz.
Eucalypti, digitalis, cubebæ, each, ½ oz.
Cascarillæ, 1 drachm.

Mix when perfectly dry, and burn from a dram to two drams, inhaling the fumes.

WHITE'S COUGH SYRUP.

℞ Syr. tolu, 2 ozs.
Syr. squills comp., 6 ozs.
Syr. ipecac, 1 oz.
Glycerin, 4 ozs.
Tinct. lobelia, 6 ozs.
Tinct. opium camph., 6 ozs.
Extr. pilocarpus fl., 2 ozs.
Ammonium chlorid., 1 oz.

M. Take a teaspoonful three times during the day, and every hour or two before going to bed.

POST-NASAL CATARRH (ALLEN KELCH).

℞ Powd. sodium borate, 240 grs.
Powd. sodium chloride, 30 grs.
Powd. cubeb, 5 grs.

M. Use as a snuff.

When the fetor is intense:

℞ Iodoform, 60 grains.
Calomel, 60 grs.
Subnit. bismuth, 60 grs.
Talc, 960 grs.

Make into a powder.

DETROIT MEDICAL AND LIBRARY ASSOCIATION.

REGULAR MEETING, Dec. 15, 1884.

The president, DR. INGLIS, in the chair. Thirty-one members were present.

DR. CARSTENS exhibited a patient with multiple fatty tumors, localized in one side of of the body.

DR. MCGRAW reported a case of axillary aneurism, on which he had operated. The specimen was exhibited; also some of the clots which the sac had contained. The case was one of traumatic aneurism, resulting from a stab in the back. After one and a half years he noticed a pulsating tumor in the axilla. In nine months' time it was as large as one's fist, but during the three days preceding the operation it had attained to double that size.

The radial pulse on that side of the arm was synchronous with that of the other side, though weaker.

The aneurism did not extend down the arm, but extended to the ribs. DR. MCGRAW operated after SYME'S method, modified to suit the case. The sac extended up under the lesser pectoral muscle. Before the operation the man's heart was irregular, and he seemed weak. The subclavian artery was first dissected out, and was compressed by DR. BOICE. About one pint of blood was lost. Patient rallied, but died the next day after the operation.

DR. CHITTICK exhibited the liver, pancreas and kidney of a woman who had died of carcinoma of the pylorus, other organs being secondarily affected.

DR. DUFFIELD exhibited microscopical specimens of the tumor.

DR. H. E. SMITH had seen the patient reported by DR. CHITTICK. Had found a circumscribed peritonitis, which prevented him from making a thorough examination, and said the woman was somewhat jaundiced.

DR. WALKER then read a paper describing three cases of fissure in ano and hæmorrhoids, which he had treated by gradual dilatation. After finishing his paper, the doctor made some extemporaneous remarks as regards the origin of hæmorrhoids and their treatment.

Dr. BABCOCK reported a case of a woman who had been treated by many physicians for a variety of troubles. He examined her per rectum, which caused her much pain, and found a hæmorrhoid, which seemed, as he said, to be external and internal, and which acted as a valve. The same fell out when the sphincter was dilated, and was removed under chloroform.

DR. H. E. SMITH said that ALLINGHAM recommended the removal of the piles previous to dilatation of the sphincter. The doctor said he had also seen simple ulceration relieved by gradual dilatation.

Dr. Lyster described a specimen of, and then read a paper on, simple adenoma of the breast.

Dr. Walker exhibited a urinary calculus which was sent him by Dr. Moore, of Farmington, which he (Dr. M.) had removed from a horse's urethra three inches from the neck of the bladder. Had previously taken one from the meatus of the same horse. The result was that the horse died.

Dr. Lyster read a communication from Dr. Riky, of Orion, Mich., on the use of caffeine combined with bismuth and quinine in strengthening the uterine pains, when weak, rapid and insufficient. He has also given hydrarg. bichlor. in an atomizer with good results in diphtheria, as it removed the fœtid odor and dissolved the membrane.

Dr. Carstens instead of caffeine had used strong coffee. He thought the effects attributed by Dr. Riky to the caffeine were due to the quinine, and he always gave this and liked its effects.

Drs. Lyster and H. E. Smith gave their opinion that quinine was the best after-treatment in all such cases of confinement.

Dr. Lyster had used the corros. sublimate sol. in diphtheria, both as a gargle and as an application with a brush, and recommended it heartily.

Dr. Carstens reported a case of dislocation of the radius upwards—the ulna remaining in place and perfect.

Dr. H. E. Smith had used the muriate of cocoaine in four cases of painful ulcers of the leg, which, before the application, all remedies, however mild, had irritated excessively. After the application of the drug chromic acid could be applied without causing pain, when previously it had excited great suffering. He had also removed a small uterine tumor by means of this local anæsthetic, without causing pain.

Ballots were cast for Drs. L. J. MaGie, N. Wiest, J. R. Jones and R. P. Mills. They were elected to active membership.

Adjourned.

Medical Progress.

Cocaine.—This is an alkaloid obtained from coca, the leaves of erythroxylon coca. It has the composition $C_{17}H_{21}NO_4$. When pure it is in colorless prisms, with a bitter taste. The leaves were used by the aborigines of South America before their conquest by the Spaniards. They are officinal in the United States Pharmacopœia. They have long been used to enable men to endure unusual fatigue, and to abstain from foood for a prolonged period; and it has been supposed that the virtue was due to this alkaloid—cocaine, called by others cucaine. Sometimes the hydrochlorate of cocaine is used.

In the British Medical Journal for 13th December last, Dr. Morell Mackenzie says: "I have found hydrochlorate of cucaine extremely useful in operations for the removal of nasal polypi. It is not enough to paint the growth itself, nor even the parts immediately surrounding its base; the solution should, as far as possible, be applied to the whole of the mucous lining of the nasal fossa. The remedy has proved of service in my hands in those cases of laryngeal phthisis in which there is great odynophagia, owing to the swelling of the epiglottis. Patients who before could swallow only with extreme pain and difficulty, have been enabled to take food with perfect ease and comfort. The best time for swallowing appears to be about ten minutes after the application, whereas operations can be done after an interval of from three to five minutes. The difference is probably to be explained by the fact that in the former case the patient feels himself at first unable to make the attempt to swallow from the total abolition, locally, of all sensibility to nervous impressions. In all cases the anæsthesia persists for about two hours. Apart from the restoration of the power of taking nourishment, much relief is given by the mere absence of pain. When it is remembered how much suffering is caused to patients with inflamed or ulcerated throats by the continual necessity of swallowing or coughing up the copious secretion which is so troublesome in these cases, it is a comfort to have at hand a remedy which renders these acts painless without in any way affecting the general system. Both for the larynx and for the nose I have employed a twenty-per-cent solution of the drug."

In the same journal Dr. Murrell, of London, says: "During the last three weeks I have used cucaine in six cases of supra-orbital neuralgia with an amount of success which, I think, justifies a further trial of this mode of treatment. I commenced by rubbing in a four-per-cent. aqueous solution of hydrochlorate of cucaine, but no beneficial effect was produced, and it was clear that absorption did not take place. I next tried a hypodermic injection over the painful spot of at first an eighth, then a quarter, and finally half a grain of the same solution. The relief was almost instantaneous, and lasted from twelve to twenty-four hours, according to the dose employed; but the objection to this mode of treatment is the pain caused by the introduction of even a clear, short needle. I abandoned this plan, and tried the inunction of first a ten and then a twenty-per-cent. solution in chloroform. This gave fairly good results; but the chloroform evaporates so quickly, as to leave much of the salt on the skin. A better solvent is oil of cloves, and I now use a twenty-per-cent. solution of the hydrochlorate in that menstruum. I rub in from five to ten minims with the finger, and find that almost instant relief is afforded. We hear a great deal of the toxic action of the drug, but I have never met with bad symptoms of any kind."

Cocaine has been found a powerful and useful anæsthetic in operations on the eye. In the same journal Mr. Lloyd Owen, Birmingham, states that equal parts of an eight-per-cent. solution of hydrochlorate of cucaine and of the liquor atropiæ, British Pharmacopæia, was

found to give immediate and enduring relief in keratitis and corneal ulcer, and also in sclero-conjunctivitis and iritis.

In the same journal Mr. FRANK H. HODGES states that in a case of a wound in the sclerotic, through which the vitreous humor was escaping, after three instillations of solution of hydrochlorate of cocaine (one grain to the ounce), at intervals of five minutes, the conjunctival surface was found to be anæsthetic. He was thus enabled to stitch up the wounds without either assistant or eye-speculum, the consciousness of the patient allowing him to assist me in the operation.

Dr. WATSON CAMPBELL, of Duns, in the same number of the British Medical Journal, states that he used a tincture in which every twenty ounces represent five ounces each of coca leaves and hops, and says: "I have found a drachm of this taken in a wineglass of sweetened water, three or four times a day, or as required, a most useful medicine in many cases—as a restorative in physical exhaustion from any cause, as a calmative and hypnotic in cases of mental irritation and insomnia, and in cases of weak, cardiac action with frequent recurrence of threatened syncope. It has appeared to invigorate the heart and check these disagreeable recurrences. Even in cases of continual and severe suffering from local disease, I have found it give great relief—so great as to allow of refreshing sleep.—*Edinburgh Medical Journal*, Jan., 1885.

HYDROCHLORATE OF COCAINE IN AURAL AND OTHER CASES.—On November 3, 1884, I was requested to call on DR. L. R. K. and remove a piece of cinder that had been embedded in the cornea. I found on examination that the cinder was firmly fixed in the cornea and surrounded by an area of discoloration. Efforts at extrication provoked intense suffering, and I determined to use cocaine to test its anæsthetic virtues. I obtained a weak solution from DR. L. W. FOX, and dropped four drops every three minutes into the eye, using sixteen drops. In a few minutes the pupil dilated and the cornea was insensible. I removed the foreign body without causing the slightest pain. The cornea continued anæsthetized for nearly two days; the pupil remained dilated for a day longer, but gradually returned to the nermal. Accommodation was not interfered with to any extent, J. No. 1 being read with the aid of the patient's ordinary glasses, at ten inches. A curious symptom observed was a marked dryness of the throat and mouth, which passed off in the course of a day.

Since then I have used the cocaine in other eye cases. In a case of ulceration of the cornea accompanied with severe pain, the instillation of the cocaine was followed by a marked relief of all pain and a diminution of the attendant conjunctival injection. The photophobia present was not influenced by the cocaine; severe suffering was produced by exposure to light; but the constant pain attendant on the ulcer was relieved. The next day I tapped the anterior chamber, and the patient is now well.

About the middle of last month a child was brought to my office for ear-trouble. The history revealed an attack of scarlet fever two years ago, followed by deafness and a discharge from the meatus. An examination proved marked loss of hearing, but I could not determine anything more, the slightest contact with the ear producing pain and exciting the girl so much that the mother interfered. I ascertained that discharges of blood occurred from time to time, and that at first, when the child held her nose and mouth and expired, a hissing noise in the ear could be heard. I obtained the child's consent to an examination if it could be done painlessly, and forthwith used a strong solution of cocaine (eight-per-cent. solution), dropping about thirty drops of this into the ear in the course of half an hour, although much of the fluid overflowed the meatus. Ten minutes after the last drops were used I opened the meatus with a small bivalve ear-speculum and found it contracted by a growth—which partly filled the canal—of a pale-reddish color, bleeding slightly upon touch. The child (MABEL C. L.) felt the manipulation, but no pain was produced. Forcible expiration produced a hissing sound, and my diagnosis—vascular polypus with perforation of the membrana tympani and chronic catarrh—was confirmed. The next day the patient appeared for operation, and after using the cocaine again (although the parts were still numb) I removed the growth and washed out the ear, no pain of any consequence being caused. The case is progressing excellently, and I hope soon to close the perforation, which is near the lower portion of the membrane, being a circular hole with thickened edges.

My own child—a boy 26 months old—a week ago developed a small follicular abscess of the meatus auditorius, accompanied by pain, feverishness, and wakefulness. I used the cocaine in his case twice in twenty-four hours with much relief. The next day I opened the abscess, which, of course, permanently relieved him.

November 5, MR. MARCUS, a student of medicine, kindly permitted me to drop some cocaine solution into his ear, the result being similar to the above cases. The canal was benumbed. A probe and speculum, which in the other ear caused pain when twisted or moved from side to side, was felt in the anæsthized ear, but no pain was felt.

I would note, in no case were any unpleasant symptoms produced except in that of DR. K., where dryness of the throat was marked. This may, of course, have been a mere coincidence. In the ear cases the solution should be much stronger than in eye cases, otherwise the effect will be neither so prompt nor so satisfactory.—DR. H. C. BOENNING, in the Philadelphia *Medical Times*, January 10, 1885.

ACUTE ERYSIPELAS: REMARKABLE RESULT FROM PILOCARPINE.—I have here a case which I think will interest you, as it brings out a novel treatment of erysipelas. I intended to exhibit this to you this morning as a case of erysipelas, but I find that the erysipelas is gone. I, therefore, can only speak of the treatment, which has proved more quickly efficacious than I supposed it would.

This man, B. K., 32 years of age, a fireman, was admitted only day before yesterday. This is the record upon admission: "He says that he was quite well yesterday (November 12), but

did not go to work as he was celebrating the election. In the evening, according to his statement, he was not drunk, though he had been drinking a little, and became engaged in a very earnest political discussion, when some one, equally earnest, struck him in the right eye, making a bruise on the cheek, and a small lacerated wound of the eyebrow," the evidence of which you may see for yourselves. The man at that time was quite well, although under the influence of liquor. "During the night he had much pain in his eye, and in the morning the eyelids were œdematous and the cheek likewise swollen, red and burning." When he applied for admission, the inflammation was confined to the right side of the face, but it spread rapidly, and the same afternoon bot eyes were closed. It is worth adding to this history that he had slept out all Wednesday night after receiving the injury. He was admitted on Thursday morning, with erysipelas of the upper part of the face, which was rapidly spreading over the brow. His pulse was 80; temperature, 102.8°; respiration, 22. The urine was examined with a negative result. He was ordered tincture of the chloride of iron, twenty drops every three hours, but only received one dose; as the disease was rapidly spreading, and something was needed to make a prompt impression, I used another and more active agent. This was not the first case in which I had used this remedy, but it was the first in which I obtained such rapid relief. He received, hypodermically, one-sixth of a grain of the muriate of pilocarpine. The result was remarkable. Here is the temperature record: the temperature fell from 102° to 99½°. He sweat profusely for an hour and a half, and there was no further development of the erysipelas; not only did it not spread further, but what did exist quickly subsided. No local treatment was employed, not even cold applications; therefore, whatever success was obtained was from the pilocarpine.

I call your attention to this treatment of erysipelas. I said that it had not been my first case, although it was the most striking case I had seen. As long as five years ago I used jaborandi in the treatment of erysipelas, until sweating was produced, and, I thought, with the result of checking further development. In one case with high temperature the disease had already made some headway, and did not subside so quickly. Under the use of iron the disease had not been controlled, but the fluid extract of jaborandi, given every two hours, checked it. I have since used the jaborandi in connection with the iron at times, with good rssults. This is, therefore, not a new treatment with me, as I have used it for some time. Jaborandi and pilocarpine, its active principle, are, of course, similar in their effects.

I have called your attention to this treatment, not because I believe it will be followed by the same result in every case, but because it is worthy of a trial. If you get a case of erysipelas in its beginning, use pilocarpine. It has saved this man a long and dangerous illness, and, as he had been drinking, as he said he had, the results might have been serious. In the use of this treatment it should be borne in mind that, in order to be fully effective, profuse sweating must be produced.—PROF. J. M. DA COSTA, M. D., in the *College and Clinical Record.*

A NEW EXTRACT OF ERGOT.—Great difficulty has been experienced with the various forms of extract of ergot. Notwithstanding many improvements have been made of late years, it is still unreliable. The various preparations, differing in strength, have by no means kept well, and frequently caused great pain when used for hypodermic injections. A druggist in the south of Germany, MR. DENZEL, has endeavored to remedy this, at the request of PROF. SAEXINGER, of Tübingen. He has isolated the active principles and experimented with them; and the experiments made in the clinic of Tübingen have proven that sclerotic acid was without any marked action upon the uterine muscles. Other experiments have proven the same, and also that neither ergotin, ecbolin, nor sclerotic acid, alone or any two combined, possessed the peculiar qualities of ergot which make it so valuable in obstetric practice. Hence, MR. DENZEL has prepared an extract which contains these three elements to their fullest extent. and the combination has been used in the clinic of Tübingen. The extract is so prepared that the usual dose is retained. The prescription for internal use is one part of the extract to ninety of cinnamon water in tablespoon doses, and for hypodermic injections two drachms of the extract with two drachms of glycerin and four drachms of water, injecting from one-half to one syringeful at a time.

PROF. SAEXINGER, after carefully feeling his way, has given this extract in labor cases in considerably larger doses than he was wont to give ordinary ergot preparations, with good effect and no bad results. He has seen no ill effects upon the child, and no evidence of the important, dreaded tetanus of the uterus. This preparation is well borne by the patient. In only a few cases was any unfavorable reaction observed. In a few instances only was pain complained of at the point of injection; but this very soon disappeared, leaving no traces whatever. In one case only was a slight infiltration noticed after hypodermic injection, which, however, was rapidly absorbed. In none of the 24 cases were any of the usual ill consequences noticed. It has been used in the gynecological clinics, as well as in cases where it was desirable to arouse uterine contractions. Thus in cases of metrorrhagia and after abortion, and also in cases of chronic metritis, good results have generally followed, the cases being carefully observed, the size of the uterus,length and thickness being evidently diminished by the use of the remedy. This preparation, when dissolved in glycerin, may be kept for months without change. The advantages claimed are its stability and absence of ill effects, whether given by the mouth or subcutaneously, and especially that there is no danger of infiltration or formation of abscess at the point of injection when used hypodermically.—*Weekly Medical Review*, Jan. 3, 1885.

[The preparation of PROF. SAEXINGER can hardly be called a new one, if its only peculiarity is that it contains "to the fullest extent" the "elements," ergotin, ecbolin, and sclerotic acid. Recent researches have showed that these constituents do not include all the active principles of the drug, but waiving controversy on this point, we desire merely to note the fact

that some manufacturers in this country produce preparations of ergot which, whether judged by analytical tests, or by clinical experience in their use, fully represent the drug. PARKE, DAVIS & CO. have for some years supplied a normal liquid, or standard fluid extract which has given universal satisfaction, and they also furnish a fluid ergotin for hypodermic use. Either of these preparations, we are confident, will accomplish all that is claimed for PROF. SAEXINGER'S new extract.—EDITOR.]

THE REPORT OF THE ENGLISH CHOLERA COMMISSIONERS.—The following is the text of the preliminary report presented by DRS. E. KLEIN and HENEAGE GIBBES to the Surgeon-General and Sanitary Commissioner with the Government of India:

We have the honor to report that the investigations which we have hitherto carried on in Bombay and Calcutta have yielded the following results.

1. The statement of Koch that "comma-bacilli" are present only in the intestines of persons suffering from or dead of cholera, is not in accordance with the facts, since "comma-bacilli" occur also in other diseases of the intestines—*e. g.*, epidemic diarrhœa, dysentery, and in intestinal catarrh associated with phthisis.

2. The "comma-bacilli" in acute typical cases of cholera are by no means present in such numbers and with such frequency as to justify KOCH'S statement that "the ileum contains almost a pure cultivation of comma-bacilli."

3. The "comma-bacilli" are not present in the tissue of the intestine or elsewhere.

4. The "comma-bacilli" in artificial cultivations, carried out by one of us (E. K.), do not behave in any way differently from other putrefactive organisms.

5. Mucous-flakes of the ileum, taken out soon after death from typical acute cholera, contain numerous mucous corpuscles, many of them filled with peculiar minute straight bacilli. The same bacilli occur also outside the mucous corpuscles. They are never missed, even when the "comma bacilli" are.

6. These small bacilli have been cultivated by one of us (E. K.), and they do not behave differently from putrefactive organisms. These small bacilli are not present in the tissues of the intestine or any other tissue.

7. No bacteria of any kind, and no organisms of known form and character, occur in the blood or any other tissue.

8. A good many experiments have been carried out by one of us (E. K.), with the following results: (*a*) Mice, rats, cats, and monkeys were fed with rice-water stools, with vomit, with mucous-flakes of the ileum, fresh and after having been kept from twenty-four to forty-eight hours. The animals remained normal. (*b*) Inoculations with recent and old cultivations of "comma-bacilli," and the small straight bacilli, as well as with mucous-flakes, were made into the subcutaneous tissue, into the peritoneal cavity, into the jugular vein, and into the cavity of the small and large intestine of rabbits, cats, and monkeys; but the animals remained perfectly well and normal.

9. The material which we have had hitherto at our disposal has been very good and abundant, and, as far as the microscopic work goes, we do not think we shall require any more material.

We therefore propose concluding our inquiry by the beginning of December, and hope soon after to return to England.—*Med. Times and Gazette*, Jan. 3, 1885.

COCAINE IN DYSMENORRHŒA.—My patient has suffered for years from painful menstruation, accompanying a retroflexion of the uterus, complicated with adhesions. The deformity of the uterus has been rectified by treatment, but the pain, during the menstrual period is still as agonizing as ever. The most acute and intolerable anguish is felt in the left inguinal region, and is accompanied by wind colic that causes the sufferer to writhe in agony. Nausea and vomiting add to her distress, and she seems at times ready to go out of her mind with suffering.

While still hoping to effect a permanent cure of this condition by appropriate treatment, temporary relief by the administration of morphia is all than I have hitherto been able to afford her; at the same time, that drug produces such disagreeable effects, that the remedy is only not quite so bad as the disease. It excites the nervous system, banishing sleep, it adds to the nausea, increases the prostration, destroys the appetite, and fails to keep off the wind colic. But on the last occasion, instead of morphia, I used cocaine, injecting sub-cutaneously over the left ovary, at first three, increased afterward to five minims of a four-per-cent. solution. Almost immediately after each injection the pain in the inguinal region ceased to be felt, the nausea and wind colic were relieved, and, instead of nervous excitement, and wakefulness, a soothing effect, inclining to sleep, was experienced. Five minims of a four-per-cent solution were sufficient to afford complete relief for five or six hours, and comparative immunity for a much longer period.

While, however, the drug acted thus admirably, both locally and generally, it had no effect, apparently, on the bearing-down pains, and pain in the back, but only upon the local pain in the neighborhood of the spot where it was injected. It was also noticed, that, while it relieved the nausea and vomiting of a reflex origin, it sometimes caused slight nausea itself, but this was only temporary. No other unpleasant effect was experienced, if we except a slightly bitter taste imparted to the tongue.

If cocaine can thus be made to supersede morphia in such cases, it will certainly prove an inestimable boon to many an unfortunate sufferer. And if it is able to relieve that excruciating intestinal pain usually called wind colic, which in so many cases is sure to follow the slightest surgical interference with the uterus, this of itself will be no mean trophy added to its many wonderful triumphs over human suffering.—DR. JOHN FORREST, in *Philadelphia Medical News*.

ALKALOIDS OF QUEBRACHO.—For a long period of time the inhabitants of South America have employed quebracho on account of its

febrifuge, tonic, antiasthmatic, and astringent properties. White quebracho, of which three specimens are recognized, is a tree belonging to the family of Apocynæ, which abounds in the Argentine Republic. PENZOLDT in 1879 proved that a decoction of the bark slowed the pulse and diminished the frequency of respiration, but he noted no antipyretic effects. BERTHOLD and PICOT confirmed these results. The value of the alkaloid, aspidospermine, discovered by FRAUDE, in relieving dyspnœa has been corroborated by a number of independent observers. HENSE has determined that there are as many as six alkaloids in the aspidospermine of commerce. MM. ELOY and HUCHARD have separated the alkaloids in a state of purity, and have made a series of thirty-six physiological experiments in reference to their antithermic action. The experiments were made on rabbits, Guinea-pigs, and dogs, by subcutaneous injections. All the alkaloids were found to exercise a marked antipyretic action. A remarkable effect was also observed to occur in the color of the venous blood, which became of a vermillion-red tint, like that seen after poisoning by prussic acid and carbon monoxide. Subcutaneous injections of from .10 to .20 centigramme of the hydrochlorate of aspidospermine, in patients suffering from typhoid fever, appeared to lower the temperature in cases where quinine had had no effect. Lactate of aspidospermine is a more powerful alkaloid in reducing the temperature than hydrochlorate of aspidospermine; the sulphate of hypo-quebrachine and the lactate of quebrachine are still weaker antipyretics.—*Lancet.*

A NEW ANTIPYRETIC METHOD.—DR. PREYER (Centrlb. f. d. Med. Wiss.), discovered that the temperature in the rectum shows a decrease of from 3° to 7° in guinea-pigs, upon whose cutaneous surface a spray of lukewarm water has been playing for twenty minutes. It is possible that the fine spray of the atomizer, moistening the hair of the guinea-pig, causes such a rapid evaporation that the temperature declines. Whether the same would happen in the human being, whose surface is so much larger, and whose integument is much less covered by hair than is the case with the guinea-pig, has not yet been determined.

It would be well to try the same experiment on the human being, for if successful, all the consequences would be avoided, which have so often followed the application of cold baths, or of sheets wrung in cold water. While the latter method decidedly decreases the high temperature; for instance in cases of typhoid fever, in those in whom it was employed intestinal hæmorrhages have more frequently happened than usually is the case in that disease. Should the application of lukewarm water, as practiced in the form of spray by PREYER on guinea-pigs, be followed by the same good result in human beings, the new method would be a decided gain.—*Medical and Surgical Reporter.*

COCAINE IN DISEASES OF THE EAR AND NOSE.—PROF. ZAUFAL, at a late meeting of the Verein Deutscher Aerzte, in Prag, reported the results which he had obtained from the use of three-and five-per-cent. solutions of cocaine for anæsthetic purposes. Applied to the walls of the nose, it exercises a prompt anæsthetic effect.

In chronic nasal catarrh, he was able to operate with the galvano-cautery without pain to the patient. In the application of cocaine to adenoid vegetations of the naso-pharyngeal cavity, favorable results are also anticipated, and likewise for the anæsthesia of the external auditory canal. It was observed that the epidermis and underlying adipose tissue of the canal impeded the action of the cocaine. True anæsthesia of the tympanic membrane was produced, and in two cases granulations of the middle ear were removed without pain.

PPOF. GANGHOFNER reported success with a fifteen to twenty per cent. solution of cocaine in intra-laryngeal spasm.

PROF. KAHLER likewise obtained from its use good results in a hysterical woman suffering with vomiting of pregnancy.—*Wiener Med. Presse*, Nov. 30, 1884, *Medical News*, Jan. 17, 1885.

ANTIPYRETIC FORMULA.—The following is recommended by Dr. de Giovanni as a substitute for quinine, in which the latter is ineffective or injurious in its effects (Rivista Clinica, No. 8, 1884): Ergotine (Bonjean), fifteen grains; tincture of valerian, half an ounce; water, three ounces; to be taken during the height of the fever or in the period of remittence. Usually the good effects are obtained after one or two doses, but the remedy should be continued for some time after the subsidence of the fever. In rebellious cases the author substituted with benefit cherry-laurel water, one half to one drachm, for the valerian. The best results were obtained in intermittent fevers, but good effects were seen also in remittents, in the hectic of incipient phthisis, and even in puerperal fever.—*N. Y. Med. Record*, Nov. 8th.

PATHOGNOMIC SIGN OF FRACTURE OF THE NECK OF THE FEMUR.—PROF. BEZZI, after showing in the Spallanzani the difficulties and uncertainties which often attend the diagnosis of this accident, observes that at the Milan Hospital a traditional practice exists of exploring, whenever fracture of the femur is suspected, the short spaces between the trochanter and the crest of the ilium. In place of the considerable resistance which there is produced in the sound limb, through the tension of the tensor fasciæ latæ, there is found, when the injury has occurred, a deep depression, due evidently to the diminution of the tension of this muscle, owing to the approximation of its points of attachment.

TREATMENT OF URTICARIA BY JABORANDI.—M. GUÉNEAU DE MUSSY has treated urticaria in arthritic subjects successfully with jaborandi. The mode of administration was: powder of jaborandi, extract of guaiac, ää gr. iss, benzoate of lithia three grs., in one pill. Two pills were at first given in twenty-four hours, and the number increased to four. The treatment was continued many months. Improvement was prompt.—*Revue de Thérapeutique*, Dec. 15, 1884, *Medical News*, Jan. 17, 1885.

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Original Articles.

LECTURES ON PHTHISIS PULMONALIS.

BY E. L. SHURLY, M. D.,*

LECTURE II.

ETIOLOGY.

The causes of phthisis pulmonalis may very properly be divided into predisposing and exciting. Among the predisposing causes the first in rank to be considered is *heredity*. Hereditary disposition to the disease has been noted for ages. Members of certain families, sometimes without apparent exciting cause, will one after another fall victims. These subjects were all formerly regarded without discrimination as scrofulous. Although we have not the time to go into the discussion of the exact relations between scrofula and tuberculosis, I will say in passing, however, that we must nevertheless recognize that at least a strong relationship exists, in fact some pathologists at the present time believe that the two conditions are identical. Hereditary influence can be very much increased by unsuitable marriages, and by unhealthful modes of life; or very much decreased by improved habits, plain nutritious food, and suitable environs, so that persons arising from families possessing this predisposition even in a marked degree, may live to a good old age. We sometimes observe a number of deaths from phthisis pulmonalis in families where no trace of hereditary predisposition can be found. For instance, I have had recently under my observation a brother and sister who died with well-marked tuberculosis, in whose geneaology, a very careful exploration failed to show any case of the kind among the antecedents.

Intimately connected with the question of heredity are abnormalities of anatomical structure, both general and appertaining to the breathing apparatus, together with conditions of imperfect development after birth. Such defects, it is obvious, by interfering with the proper performance of the respiratory or other functions, constitute a marked element of predisposition. DRS. GARLAND, FORBES, and WESTBROOK have ably shown the importance of these conditions as predisposing etiological factors. Among the exciting causes, that which will stand out most prominently is the *bacillus tuberculosis* which is by many regarded as the *sole cause* of phthisis pulmonalis. But as we have already seen that for the operation of this poison, certain conditions are requisite, we therefore happily find many individuals whose bodies do not furnish such favorable conditions, and they are exempt, or in other words, they enjoy an *immunity* either *natural* or *acquired*. By a *natural immunity* we mean that property of the economy which resists the invasion of morbific agents in general. Just what this vital force is, we do not know, but that such exists is attested by common observation. For instance,, individuals or even families are prone to attacks of scarlet fever, diphtheria, or other epidemic or endemic zymotic disease, while others will escape almost entirely, although equally exposed; should it happen that a person of the former class be seized, the disease will run a very mild course, while in the latter class the manifestations will be typical or severe. It is also true in regard to the inoculation of the septic material of specific diseases, both in man and in the lower animals. Anthrax, for instance, and other such diseases, cannot be communicated to some animals by inoculation, or in the natural way, while others are quite susceptible. By *acquired immunity* we mean an immunity from some particular poison which is acquired either by certain improved conditions of life, or by the accidental impression of the poison, in some form or other, as for instance, the immunity from small-pox through vaccination, and the immunity of the lower animals (as shown by Pasteur) from anthrax and other such diseases, through inoculation of the cultivated or modified poison. However, I am sorry to say that no such *acquired immunity* applies to the disease which we have under consideration, inasmuch as neither an attack of phthisis from which the patient recovers, nor any inoculation of septic material, is a fortification against a subsequent attack of the disease. In this respect, therefore we cannot place phthisis pulmonalis in the same category with the ordinary acute infective or zymotic diseases.

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AGE.

With regard to *age*, although phthisis pulmonalis may occur in infancy or in old age, statistics show that it is most commonly met with between the ages of twenty and thirty. Some insurance tables, however, of late have shown that a large proportion of deaths from phthisis, occur in advanced age. This may be owing to the fact that the disease in many instances started earlier, and underwent a period of subsidence, finally completing its course in an accidental or regular way later in life

The male sex seem more liable to the disease than the female sex, although the preponderating proportion is very slight. This is supposed to be due to the greater exposure of males than females to the vicissitudes of weather, inhalation of noxious gases, etc. In the female it is quite often a sequel to parturition, and it behooves the practitioner, whether there be hereditary tendency or not, to keep in view the possibility of this complication, at such a time. It is also a common consequence of prolonged lactation, and many females in their anxiety to avoid frequent pregnancy, by prolonged nursing, possibly escape the one thing to fall victims to the other. *Occupation* is not an insignificant factor in etiology. I have already called your attention to the fact that miners, grinders, moulders, etc. are liable to a special form of the disease produced by the inhalation of solid material. We frequently observe also the disease following the exposure to noxious gases such as exist in laboratories, gas works and the like. *A sedentary* life may be an exciting cause, from its tendency to induce dyspepsia, and thus impair the general nutrition of the body. While it is not, as the older writers believed, *absolutely* necessary for maldigestion to be an antecedent factor, still we cannot pass this over without due consideration, since so many cases present in what is known as the pretubercular stage, marked derangement of the digestive organs. Indeed, we shall find, quite early, in perhaps eight cases out of ten, errors of digestion and assimilation.

Vitiated atmosphere, whether coincident or domiciliary, is a prolific, exciting cause of this disease. The atmosphere may be vitiated in one of several ways. It may be loaded with extraneous material, as already hinted at, such as wool fibre, cotton fibre, or sulphur, abundant in the air of knitting works, cotton factories, broom factories, etc., or, the air may be deficient in oxygen with or without a superabundance of carbonaceous gases and material, or air polluted by animal emanations, such as is furnished in overheated, crowded, and improperly ventilated bed-rooms, houses, factories, or other apartments. This condition of atmosphere is not found altogether in the factories, and habitats of the poor, for the apartments of the rich, from poor ventilation, bad sewerage, and over or imoroper heating, furnish many examples of the evil.

CLIMATE AND SEASON.

Phthisis is much more prevalent in damp climates than in very hot or very cold ones. It is much more prevalent in level situations than at certain altitudes, because as supposed, the air is dryer and all putrefactive changes take place slowly at the latter situations. Therefore a damp climate, characterized by speedy changes of temperature and hygrometric conditions of the atmosphere, gives rise to more cases, other things being equal, and must be considered more unfavorable than a dry warm or a dry cold one. The reason of this is not only because decomposing changes in organic bodies is known to be thus favored, but because the mucous membrane of the respiratory passages is exposed to frequent exacerbations of catarrhal inflammation, called colds, as an effect both of the changes and of the moisture. It therefore follows that the cold damp seasons of early spring and autumn are much more favorable to the development of the disease than the summer, or even the winter months. Indeed there are many patients who hold their own through one of our winters, however cold, and succumb rapidly in the spring. In considering the immunity of certain climates, we must not lose sight of the fact that in sparsely settled districts, which have not been reached by the full tide of civilization, and where the population, either aboriginal or migratory, adopt the simpler modes of life—the natural powers of resistance not having been altered,—phthisis is not so apt to occur, notwithstanding the climatic conditions just referred to. It is frequently cited that the disease was unknown to the aboriginals of many of the islands of both the North and South Atlantic and Pacific oceans, the west coast of Africa, and the Arctic regions. The American Indians were not known to suffer from this malady until long after the encroachment of the white man upon their domains. This fact has been used as an argument in favor of the contagious nature of the malady.

CONTAGION.

Although, as we have already seen, phthisis pulmonalis pathologically speaking, is an infectious disease, the question of its endemic or epidemic infectiousness or contagiousness is far from being settled. The recent experiments and discoveries regarding the behavior of the specific contagion, the "bacillus," has not settled the question in the minds of a large majority of the profession, because the data thus

collected have not been sufficient to reconcile such an assumption with the clinical experience of so many years.

This, however, is not a new question, for its contagious and specific nature has for many years back been foreshadowed and maintained by competent observers. I shall not take up the time to reiterate to you the discussions *pro* and *con* on this subject; suffice it to say, that the affirmative of this question is based upon the following conclusions: 1. Its artificial production in the lower animals, by exposure to the specific element of the disease as it exists in the sputum and the tissues. 2. Well founded instances of it spread from one person to another in private practice, and in certain defined areas such as harems, convents, penitentiaries, barracks, and such social conditions as are known to favor the development of zymotic diseases. 3. Its invasion of all the tissues of the body under certain circumstances, thus simulating the conditions of an acute fever—the tubercular deposits being in the nature of an eruption. And 4th, the disease being identical with that of the lower animals known as bovine tuberculosis, the contagious nature of which has been so frequently demonstrated. But while admitting the local infectious character of so many cases of phthisis pulmonalis, if it were so generally contagious as been held, it could not have escaped the observation of so many acute practical physicians. Although there are certain instances, well established, of the spread or extension of the disease from one individual to another, it is in nowise a general manifestation. For, really, if we take a retrospective view of our daily practice for a number of years, the instances are very rare where the disease can be traced to antecedent exposure to some other individual; besides if it were so, the disease, however feeble its contagium might be, would take somewhat the course of some other zymotic and infectious disease, such as scarlatina, infectious pneumonia, and the like. It has been stated on good authority, I believe, that in consumptive hospitals, where a large number of cases are aggregated, the attendants who have been on duty for a number of years, quite continuously, do not contract the malady. This is certainly a strong argument on the negative side of the question, but it is vigorously rebutted again upon the theory of personal immunity. Now this immunity from disease, which we may call the *vis resistentiæ*, is a well-recognized force of the human economy, it is true, and may be natural or acquired, as already pointed out. It is that intangible force through which certain individuals escape the ravages of a contagion to which they may have been exposed, and this point has been relied upon to explain the great immunity of so large a number of exposed individuals to the development of the contagion of phthisis within their pulmonary organs, while attention has been particularly called to the fact that the contagion is so feeble—as compared with other more virulent contagions.—that it requires a certain nidus and a certain state of quiescence, and temperature, in short *everything* favorable, or else the bacillus does not develop, and consequently phthisis does not occur. Plausible as this may appear, we must remember that a *pathological* condition of the tissues must pre-exist, even according to the above theory. My own belief in that matter is that phthisis is not communicable in the ordinary sense of a contagious disease, unless the conditions of life be so far below par as to render the individual almost certain to be a victim of any disturbing influence whatsoever, if a previous pathological condition of the tissues exists. In many of the well authenticated cases of communicability from one individual to another, it will be found upon close scrutiny, I believe, that the individual is a wife or guardian of the patient, who has been almost constantly confined in the sick room, breathing the vitiated atmosphere, suffering from loss of sleep, mental unrest, and loss of appetite for a longer and shorter period. Now these conditions obviously might render a person, who has not an extraordinary amount of vitality, liable to the access of *any* poison, however feeble, whether originating within or without the body. I further believe that *all* cases of phthisis pulmonalis are not due to the deposit of tubercles, but that many are simply inflammatory, while the deposit of *tubercle* takes place later on in the course of the case. Undoubtedly many of them are for a very long period of time due to a chronic inflammation, and the coincident results of such, either in the bronchial mucous membrane, air vesicles, or some of the other textures of the pulmonary apparatus. We meet with a great number which are the result of a localized pleuritis, or a localized pneumonitis, which may go on from year to year, without the development of infectious tubercle. There may be non-specific nodular growths present quite early in these cases, for, as Talma and other have pointed out, not all nodular growths are specific tubercles. They consist often of simple granulation tissue. Notwithstanding the uncertainty of the present question, it behooves all practitioners to give the attendants about such a patient the benefit of the doubt. I would therefore advise great cleanliness and antiseptic precautions, lest by any possibility some healthy person fall a victim in the zealous discharge of duty to the patient. To summarize the conclusions upon the negative side regarding the infectious character of the disease, it may be stated: 1. That tubercle is *not* a specific morbid product, and, therefore, in no

sense can phthisis depending upon this substance be called a contagious disease. 2. Expesure to an atmosphere breathed by consumptives is not dangerous so long as good ventilation is maintained. And 3. That inhaling the breath of a patient far advanced in the disease while in close rooms, and for long periods together, has in some instances been followed by a development of the disease in persons who were previously healthy.

OTHER DISEASES.

Among the diseases which lead to the development of phthisis, acute disorders of the respiratory apparatus take first rank, and especially catarrhal pneumonia. This, as may be readily seen, incites hyperæmia and local disturbances during the course of an infection, whatever it may be. Syphilis, which is supposed to be a twin sister of tuberculosis, often gives rise to phthisis, although purely syphilitic disease of the lungs, characterized by the development of condylomata, or gummata, is not very common. But from the maintenance of a general disorder of the blood and glandular system, the disease is frequently induced. The specific fevers, by lowering the vitality for so long a time, frequently lead to it, especially if there be hereditary predisposition. Confinement in one position, as a result of an injury, such as a broken femur, by inducing an apathetic condition of the bodily functions, will often give rise to the disease in those predisposed. Chronic affections of the pharynx and larynx will sometimes lead to it. Hypochondria, through interference with the digestive and assimilating functions, is also not infrequently an exciting cause. The operation for relief of fistula in ano was formerly supposed to bring on pulmonary phthisis; although it may do so, it does not as an invariable rule, by any means.

SYMPTOMS.

In relating to you the clinical history of phthisis pulmonalis, I cannot do better than follow somewhat the arrangement of Dr. Hughes Bennett, in Reynold's system of medicine. We therefore divide this part of the subject up for consideration under the heads of premonitory symptoms, or the pre-tubercular state, acute phthisis, chronic or slowly developed phthisis, pneumonic phthisis, laryngeal phthisis, fibroid phthisis, and mechanical phthisis. All cases of primary phthisis, as well as secondary phthisis, have more or less well-defined premonitory symptoms; with the latter, on account of the antecedent disease, the line of demarkation is not so readily perceived. Among the premonitory symptoms, a cough may be looked upon as almost never failing. A short, dry, hacking cough, more troublesome, perhaps, on first going to bed, or upon a little extra exertion, or just after the ingestion of a meal, or upon entering either a cold or warm atmosphere, is the usual and very early complaint. Besides this, there is almost always present evidence of emaciation and a feeling of debility, apparently unaccountable, and more or less shortness of breath upon slight exertion. In many cases a state of slight febrile excitement, more or less marked, especially toward evening, together with a rapid pulse, are early phenomenon—the rapid pulse is, indeed, a very important and constant sign. Difficulty of digestion is also early experienced and the patient is led to believe himself a sufferer from dyspepsia, and accordingly changes are rung on different articles of diet for the relief of this, but the particular thing giving rise to the gastric uneasiness or spells of diarrhœa are not discovered by these changes of diet, despite the care of the individual. In a certain number of cases, more or less marked anæmia exists, especially in females, when it is usually accompanied with menstrual irregularity or suppression. These symptoms may exist for a greater or lesser length of time, subject to exacerbations, excepting the cough and rapid pulse, which are generally continuous. Soreness of the throat, or nasal catarrh, which are usually ascribed to the operation of a cold, are often early accompaniments. Soon, however, the gradual exaggeration of the symptoms leading to distress and feeling of weight or sharp pain in the chest, expectoration, progressive emaciation, hemoptysis, more or less persistent, increasing dyspnœa, more or less moderate hectic fever, nocturnal sweating, etc., furnish distinct indications of the trouble which has commenced. It sometimes happens, however, that the disease develops abruptly, without the perception of a premonitory stage, as when a patient in apparent good health is seized with a supposed common cold, or acute bronchitis, which is soon followed by hemoptysis and all the regular indications of a developing phthisis.

"CATCHING COLD," AND OTHER SOLECISMS.

BY G. A. WILLIAMS, M. D., BAY CITY, MICH.

"Catching cold" is, no doubt, the cause of many ailments and complications that come under the observation of the physician and surgeon. The expression is very commonly used, and probably no better phrase could be substituted for it. For instance, we may have a patient with a "sore hand," a felon, or an abscess; we open it, and he exposes it without sufficient covering. The cold irritates it and the inflammation extends and the pain increases, with other untoward symptoms. How are we to describe this process to the patient? If we wish to be scientific, we say the cold pro-

duced irritation, and the inflammation extended by sympathy, or continuity. Then, after all, the term "caught cold" would probably be more satisfactory and convenient to all parties concerned. The idea of popularizing science has always seemed impracticable, and even if it were practicable, it would probably be unwise. In private practice, we are subject to all kinds of superstitious notions, and we have much more difficulty in introducing new methods than physicians in hospitals, where the patients are under almost absolute control. We all know that a physician's success in private practice depends largely upon his capacity for managing and adapting himself to the different kinds of people. I can well remember, when the cold-water treatment of fevers was introduced, how many people looked upon it with suspicion and alarm, for fear of catching cold. Some years ago, in severe cases of scarlatina with high temperature and delirium, we supposed the delirium was caused by toxæmia, and in all these cases had the cold water treatment been used to counteract the high temperature, no doubt the majority of the patients would have recovered. In the case of infants with fever and convulsions, I have frequently used the cold-water treatment, but generally in a modified way; ordering the child to be put in a tepid bath and cold water applied to the head. The bath, although being tepid, would have a much lower temperature than that of the child's body, and I would say to the mother that this would stop "the rush of blood" to the child's head. This may appear to be commonplace and unscientific language, nevertheless, it is nothing more than the language of discretion.

With respect to ventilation and cleanliness, we all know this to be of the utmost importance. These measures must, nevertheless, be carried out with great care and judgment. We can purify the sick-room by ventilating the adjoining room, then opening the door that connects them; and in giving the patient a bath have the "chill" taken off the water, the room comfortably warm, with a pan of water on the stove. On the other hand, if we open the windows and doors carelessly, and expose the patient to a draught, have insufficient covering, use water which may be too cold, he will be almost sure to have a chill, with all its complications, and, probably, a relapse, and then, we must admit that he has "caught cold." In places where there are no conveniences (and these are not a few) it might be better to choose the lesser of the two evils and omit the ventilation and cleanliness altogether. We often see people suffering from malaria who call it a "cold," and, no doubt, cold is often the exciting cause.

In a malarious district, anything that lessens the powers of nature will subject the system to the influence of malaria, namely, injuries of all kinds, shock, over-exertion, and last, but not least, cold. Some physicians go so far as to say there is no such thing as malaria, and I have seen the statement in some newspaper, that when a physician fails to make a diagnosis, he calls the case "malaria." However this is where the physician always succeeds if his diagnosis be correct, and any physician who lives in a malarious climate must always be on the alert for malaria, and he also finds nearly every disease complicated with it. Of course what we understand by "malaria" as a disease, is where a person has nearly all the symptoms of malarial fever, without a well-defined paroxysm. Quinine is the antidote, and the fact of quinine curing the disease proves it to be malaria. Quinine is probably one of the greatest discoveries the world has ever known, nevertheless, I should never be in favor of using it indiscriminately, but always with economy and good judgment. How often I have seen patients with these symptoms of malaria, viz: tired feeling in the legs, pains in the joints, muscles and back, more or less headache, cough, loss of appetite, restlessness and nightmare, generally constipation, but sometimes diarrhœa.

Some of these patients imagine they have "caught a cold," or have rheumatism or disease of the kidneys. Those with a cough, who believe in wine, take rum and molasses; this failing, they go the rounds of all the drug-stores, and use liniments, porous plasters, safe kidney-cure and many other nostrums, and last of all to end this strange, eventful history, they get a prescription for a few good doses of quinine, which cures them.

I had a patient with gonorrhœa, who had been under different kinds of treatment for almost three months, and being completely prostrated from the use of nauseating drugs, he was taken with symptoms of malaria. I prescribed quinine for him and his appetite improved at once, he gained strength, and kind, indulgent, and propitious nature asserted herself and dried up the gonorrhœa. How often we meet with cases of this kind, which teach us the importance of studying the principles of medicine and not hunting up prescriptions and specifics.

Speaking of solecisms, what do you think of catheter fever? I verily believe it is malaria following the shock, caused by the introduction of the catheter. At all events, nowadays, don't use the metallic catheter any more in the case of old men with enlarged prostate: use the soft rubber catheter and inject a little sweet oil, before introducing it. The catheter will follow the sweet oil and you will have no abra-

sion of the mucous membrane and no pain whatever.

With respect to fevers, there has been some discussion over the term typho-malarial and I believe most of the best authorities have pronounced it to be a misnomer. In reality, I believe we have but three fevers, viz.: malarial, typhoid, and typhus. Of the first we have the three varieties; intermittent, remittent, and yellow fever. Typhus is rarely or never seen. All the other so-called fevers are symptomatic. DR. DUNGLISON, in his medical dictionary, has, however, enumerated one hundred and sixty fevers. When we know that one great secret of success consists in simplifying matters, such a multiplicity of terms seems deplorable. No doubt, DR. DUNGLISON, in enumerating all these terms, has done it more with an idea of thoroughness, than correctness. All these misnomers are supposed to have been introduced by indifferent practitioners, old women and other specimens of the "genus homo."

Finally, in view of having so many perplexing questions to confront us, it is to be hoped and expected, that the number of unnecessary and confusing terms introduced, shall be as small as possible.

THE PHYSIOLOGICAL ACTION OF A DRUG ITS THERAPEUTICAL GUIDE.*

BY L. E. MAIRE, M. D.,† DETROIT, MICHIGAN.

It seems to me that the physiological action of a drug can be the only intelligent, rational, and scientific basis for the application of it in the treatment of disease. In former times not much attention was given to the classification of drugs according to their actions. Many drugs were classified according to their sensible properties, as for instance, dragon's blood, "sanguis draconis" was used in the treatment of hemorrhage, solely on the ground of its color being red like that of blood. Turmeric "curcuma" being of a yellow color was supposed to be useful in the treatment jaundice. Other drugs were administered on account of their odor or taste. No intelligent physician administers drugs on such a basis to-day, and in the treatment of the above-named diseases remedies are used whose well-known physiological actions are appropriate to antagonize the diseased action, for it would be the height of empiricism to place a drug in the blood without knowing what it will do there.

Before proceeding any further it will be well for us to define what is meant by the physiological and therapeutical action of a drug. The physiological action of a drug is its effect on the body or a part of the body in health, while the therapeutic action is its effect on the body or a part of the body in disease. Hence it would follow that the physiological action would be the opposite or antagonist to the diseased action. That this is so we will endeavor to show this evening, by studying the physiological and therapeutical actions of the few drugs which time will permit.

DIGITALIS.—This is one of a class of well-known drugs of our pharmacopœia, whose physiological action, especially on the circulation commends it in the treatment of some diseases of the heart and blood-vessels. The action of digitalis, as is well known, prolongs the diastole and increases the vigor and force of the systole, at the same time increasing the arterial tension. Now the physiological action of the digitalis here, it must be admitted, is clearly the therapeutic indication for a condition the converse of this, viz.: rapid action, weak systolic movement, and low arterial tension. That this is true has been verified time and again by clinical experience. Digitalis has also a peculiar action on the kidneys, stimulating the secretion of urine by its action, as BRUNTON says, on the malpighian tufts. Here again the physiological action clearly indicates its use in cardiac disease attended with dropsy, in which the digitalis corrects or endeavors to promote a more normal circulation; it also causes an elimination of the watery constituents of the blood, and in that way equalizing the circulation and relieving the dropsical effusion. Now if the physiological action of digitalis indicates to us when to use it, it also indicates to us when not to use it, as, for instance, in stenosis of the aortic orifice with compensatory hypertrophy. Here digitalis, as shown by BARTHOLOW, would be more than than useless; it would be dangerous.

BELLADONNA.—Mention may be made of the more striking physiological action of belladonna, such as checking the action of the skin, mouth, nose, larynx and salivary glands; also of the wonderful effect on the pupil, causeing its dilatation and lessening intra-ocular pressure. No one will say that the physiological action of belladonna is not its guide in therapeutics, for belladonna is used by all enlightened physicians simply on this basis. In the treatment of profuse sweating, local or general, belladonna is of the highest utility, as it also is in salivation profuse watery secretions, in acute coryza and in laryngitis. But the physiological action as a therapeutic guide reaches its acme in the treatment of diseases of the eye, as illustrated in the treatment of iritis and other diseases.

ERGOT.—Ergot is remarkable for its action on non-striated muscular fibre, causing its contraction. It causes by its stimulating effect on

* Remarks made before the Detroit Medical and Library Association at its meeting on January 5, 1885.

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the vaso-motor nervous system, contracting the arterioles. The contraction produced on a single muscular fibre is illustrated by its action on a muscle, or a set of muscles, as shown in chronic convulsive ergotism. First we have tetanoid contractions of the fingers, of the forearms on the arms, the arm on the chest, contractions of the toes and the leg on the thigh. The various other muscles also undergo this tetanoid contraction. The physiological action of ergot on the muscular fibre and the arterioles, is of great importance in the treatment of hæmorrhage, especially of the uterus.

ALOES.—Aloes may also be mentioned as an illustration of this principle. Aloes has been properly classed under the head of systemic cathartics, or a class of cathartics which exert their peculiar effects through the blood. Introduced by whatever avenue, it must first enter the circulation before its peculiar effect is noted on the body. The general effect of aloes on the tissues is to increase their tonicity. This is especially noticed in debility. It has also a cholagogue influence and a special selective action on the lower bowels, causing a turgescence of all the tissues and organs of the pelvic cavity. It is on account of the peculiar physiological action of aloes on the tissues that it is prescribed by intelligent physicians. In the treatment of amenorrhœa, aloes is not given simply because it brings on the flow; it is given because it causes a turgescence of the uterine blood-vessels, and in that way relieving the anæmic state of the uterus.

Many cases of constipation are caused by debility, and impaired contractibility of the muscular coat of the large intestine, and to overcome this aloes is eminently the remedy required, and solely on account of its physiological action the colon and rectum. The same may be said of jaundice and "biliousness." In atonic dyspepsia with constipation, aloes may be given with marked success, being at once a stomachic tonic and the remedy required to stimulate the sluggish intestine.

The above brief remarks tend very pointedly to show that the physiological action of a drug is an exact guide to its therapeutic use or action, this principle being the most scientific basis for the application of drugs to the treatment of diseases, and one which is in keeping with the advanced thought and progress of the medical world.

ASTHMA, CAUSED BY AN ACCUMULATION OF CERUMEN IN THE EXTERNAL AUDITORY CANAL.

BY H. B. GIBBON, M. D., TIFFIN, OHIO.

A. B., age about 7 years. Light complexion, of a nervous temperament.

I was called, Aug. 7th, 1884, to prescribe for this little boy. I found him poorly nourished, and suffering from asthma and indigestion. The asthma, the most prominent of his symptoms was accompanied with the usual cough, which was greatly increased at night after lying down, so that it deprived him of his sleep and rest. Not being able to satisfy myself as to the cause of this train of symptoms, upon my first visit, I gave him an anodyne cough mixture, with medicine to assist in digesting his food, also giving directions regarding his diet. Calling upon the fourth day, I found my little patient "about the same." At this visit I discovered that my patient was a little dull of hearing. When, upon examining the external auditory canal, I found it almost entirely occluded with cerumen. I at once set to relieve this, by first softening the mass, anticipating a relief, as soon as I accomplished the removal of this accumulation, deciding that our symptoms were due to reflex irritation of the pneumogastric nerve. To my gratification my anticipations were fully realized, the third day after removing the cerumen. The little fellow was relieved from the distressing symptoms, began to eat with more relish, slept better, free from cough, and his asthma began to improve, and he was soon himself again. I had not at this date, read nor heard of a report of a case in which these symptoms were dependent upon this cause. Consequently it was of no little interest to me, and thinking that it might interest your readers, I communicate to you my experience.

DETROIT MEDICAL AND LIBRARY ASSOCIATION.

REGULAR MEETING, Jan. 5.

The meeting was called to order by the president, DR. INGLIS.

Twenty-seven members present.

Under written communications to the secretary, a brief letter was read from DR. JENNINGS who presented the Association with a complete set of the Anatomical Atlas, desiring that the same should be bound and placed upon the Library shelves for reference.

The thanks of the association were extended DR. JENNINGS by the president.

DR. W. R. CHITTICK exhibited an interesting pathological specimen, being a case of tubular pregnancy—the fœtus having been wholly absorbed. The remains of the placenta were visible, and the sac contained about 5 pints of fluid.

DR. J. G. JOHNSON exhibited an acephalous monstrosity.

DR. A. W. IMRIE exhibited a phenomenal negro who had control of the sets of muscles which are usually considered involuntary. The abdominal muscles, especially, were moved and twisted at will into all sorts of shapes. He

further said that he had been "examined with speculum and probe and no trace of a diaphragm could be found." He had complete control of his heart, and could stop it for ten or twenty seconds. The gentlemen who examined the heart said that it stopped completely.

In stopping his heart he seemed to do it by muscular contraction. The pulses in both arms would stop, but the muscles of the hands and extremities would not be contracted as those of the upper limbs and of the trunk.

The negro further exhibited the strength of his muscles by striking and bending a bar of iron across his arm, and then bending it straight again by repeated blows.

The subject of discussion was then laid before the meeting:

"Resolved, that the physiological action of a drug is an exact guide to its therapeutical action."

Drs. Douglas, Jamieson and Maire were to open the discussion. The former was sick, the second absent, and Dr. Maire opened by saying that the physiological action of a drug was, to him, the only rational guide to the application of it in the treatment of disease.

The later classifications of drugs according to their actions were then alluded to.

The doctor then added good definitions of physiological and therapeutical actions, and called to notice the principle physiological and therapeutical actions of different drugs, for example, digitalis, belladonna, and ergot, and closed by saying that he considered the physiological action of a drug to be an exact guide to its therapeutic action.

On the invitation of the president, Dr. Gilbert then spoke as follows:

"What I understand by therapeutics, is the application of medical agents to pathological states; and by 'physiological action of a remedy' I understand the action or such drugs upon one healthy system with a view to determine, not its remedial action, but its method of affecting it, to whatever degree the action is carried. The ascertained result is one of induction and not one of deduction, until at least the points of resemblance are near enough to justify the inference of the latter.

That such inference is not justifiable may be argued from what M. Charcot says of localization upon the brain, for the purpose of determining the degree and kind of irritability it may manifest. 'For although,' he says, 'normal anatomy and experimental physiology may often suggest the true direction toward localization, still nothing but the actual examinations of organic lesions will permit a final decision and *furnish* the proof."

The inductive character of investigation is here clearly stated; all that is true of localization is equally true of therapeutics; the method is induction by repeated trials.

Still, admitting, for the sake of the argument, that the physiological experiments with drugs may suggest a therapeutic direction (a mere hypothesis), such knowledge could be of little service in medicine, for the simple reason, that there is no ground of comparison between the normal and abnormal conditions of the system. Not until, therefore, the result of medicines in diseased states has been learned, can we surmise what will be the physiological action of any given drug.

Men, for centuries, have been nourished and sustained by food, without knowing anything about its physiological action, and when by analysis, they shall learn just *how* they are nourished, their choice of food under various conditions of life may, no doubt, become more judicious. It is so in therapeutics; we are learning more and more, by traumatic lesions and poisonings, *how* it is that certain tissues are affected; but to call such investigations physiological is a perversion of language. Let us beware lest we permit frog and pigeon physiology to become a bane to clinical medicine.

Dr. O. W. Owen thought as soon as drugs were introduced into the stomach of healthy animals, the physiological action was at once lost, the organ becoming at once pathological. He believed that the physiological action of a drug was its true guide of its therapeutical action.

Dr. Carrier agreed with Dr. Maire that the physiological action was the proper guide, but did not believe in splitting hairs on the question whether drugs which are introduced into healthy animals produce pathological rather than physiological states and actions.

Dr. J. H. Carstens wished to be understood that he did not agree with Dr. Gilbert, but from his standpoint he did not antagonize Dr. G's remarks in the least, but agreed with him exactly. For which Dr. G. thanked him kindly.

Dr. Chittick looked at the subject in the same light as Dr. Maire, but did not believe in drawing too close a line between the physiological and pathological changes on the introduction of a drug into healthy animals. By so doing we lose all track of the physiological action. The doctor then called attention to the large doses of calomel given in diphtheria, which have been proven to be so easily tolerated, 2½ ounces being given to a child in the course of a few days, and asked if this could be explained on physiological grounds.

Dr. O. W. Owen expressed his satisfaction in the use of muriate of cocaine, the Dr. having used it in a case of empyema which was too weak to permit chloroform, the section though skin was made after it had been frozen by an

ether spray, then a spray of cocaine was thrown into the subjacent tissues and the wound was made without causing pain.

DR. J. R. JONES reported a case of a woman æt. 76, who, for 9 years, had worn a wooden ball—as pessary—she herself having inserted it. The doctor had great trouble in removing it. The ball was 2½ inches in circumference. She made a good recovery.

The names of DRS. C. P. FRANK and C. B. GILBERT were referred to the Advisory Council. Adjourned.

GEO. DUFFIELD, M. D.,

Secretary.

Correspondence.

EUPHORBIA PILULIFERA IN ASTHMA.

Mrs. Z. N. C., aged 48, who has suffered many years from asthma, sent for me on the night of September 5th, 1884.

I found her sitting erect in bed, with arms clasped about her knees, exerting every effort to breathe.

Her breathing could be heard in every part of the large room, and even outside of it. Here was an opportunity to test euphorbia pilulifera.

During previous attacks she had derived the greatest benefit from the use of a strong tincture of lobelia.

Gave euphorbia pilulifera, half a teaspoonful; waited half an hour and repeated the dose. In a short time she could breathe lying down, and informed me that if I would leave some of the medicine, she could dispense with my services during the remainder of the night, and that the medicine worked more rapidly than ever before. She has used the remedy in subsequent attacks with as happy results.

During the last summer and fall the inhabitants of this and other portions of western Connecticut have suffered from a severe cough, spasmodic in character, sparing neither young nor old, and which the ordinary cough remedies, usually so efficacious, failed to relieve. If the patient had patience, he might reasonably hope to wear it out in time, if the cough did not wear him out first. At last one of my own family was taken.

Lillie N. C., æt. 7, in Nov., '84, was the first patient. Temperature 102, pulse 120 during the first 24 hours, which aconite, in the usual doses, soon reduced to the normal point. The cough was distressing, especially at night; so severe as to banish slumber. The usual course of expectorants, etc., were tried without effect; something must be done. While listening to the cough one night, I remembered that in reading the indications for its use printed on a bottle of euphorbia pilulifera, it was recommended in bronchitis, cough, etc., and I mentally vowed that if I lived till morning, it should be tried. I gave euphorbia pilulifera gtt. x. once in two hours during the day. At night had but one or two paroxysms of coughing; cough seemed to be loosened. Gave it the second day as before, and at night she had the first good night's rest in two weeks, for the child rested as well as the remainder of the family. The remedy was continued for a day or two, which cured the cough.

I could give a history of a number of cases, one other in my own family, and several from among my patients, where the remedy has been proved equally useful, would it not be useless repetition, for I have been very favorably impressed with it wherever tried.

T. S. HODGE, M. D.

CORNWALL BRIDGE, Conn.

TINEA DISCRETA OR SCABIES(?).

ED. "THE MEDICAL AGE."

Dear Sir:—Under the heading "Prevalence of Scabies," in your issue of Jan. 26, '85, I notice a brief description of a peculiar disease of the skin, that is endemic in most of our north-central States. I have seen many cases, and have been studying this affection for over a year. As a result of my investigations, I have written a thesis, which at present is in the hands of Prof. LOUIS DUHRING, of Philadelphia, and which will soon appear in print.

The treatment which has been found to be most efficacious is to have the patient bathe thoroughly in hot water, using a strongly alkaline soap, the green soap of the Pharmacopœia, or the soft soap of domestic use, would be best. This should be followed by some parasiticidal application to the affected parts, as a four- to five-grain solution of the mercuric bichloride, in water alone, or associated with glycerine, alcohol and cologne, or any other excipient desired. Inasmuch as spores are generally on the clothing, it is best to subject such as can be so treated to the prolonged action of boiling water. Other clothing should be sprinkled and ironed with a very hot iron. Generally a cure will result very promptly. If this lotion be not adapted, sulphur, sulphurous acid, or the sulphites may be employed. After a cure is apparently effected, relapse may occur, and the patient should be cautioned to meet it with a timely application of the lotion. If this be followed out, the destruction of the fungus, and the ultimate cure of the patient, will always result.

From DR. MORDEN's description, I have no

doubt as to the nature of his cases; but I would be pleased if he, or others, would send me some scabs, in order to establish more certainly their identity. Very truly.

WILBUR F. HOYT, M. D.

100 N. FOURTH ST., COLUMBUS, Ohio.

In THE MEDICAL AGE of January 26, I saw an article of inquiry by M. R. MORDEN, M. D., of Adrian, Mich. His experience of the past two months is somewhat similar to mine the past two years. All over this (Ringgold Co.) there appears to be an epidemic of this peculiar form of "itch." The disease is not confined to any age or condition of life. The worst cases I have seen have been in men who were determined to "wear out" the disease. Two cases that I can call to mind were both strong, robust men. The disease had first appeared on the wrists and thighs, and from them extended all over the body, except the face. The whole surface was covered with scabs, caused by blood oozing from wounds made by nail scratches; between the scabs could be noticed small vesicles filled with a clear fluid, which escaped when broken, causing a painful burning and itching; continued scratching caused a little blood to flow, and then a scab formed. On children the disease does not seem so severe, possibly because they do not tear and bruise the skin by rubbing or scratching. The disease may continue months or even years without treatment, as it is a disease that will not wear out.

I have found very little trouble in successfully managing it. I have very satisfactory results from the following prescription:

℞ White precipitate gr. xl.
Cosmolin ℥ j.
M. Ft. Ungt.

Sig. Apply to all the parts affected twice each day.

I find a great many patients so situated that they cannot conveniently use an ointment, for them I prescribe with equally good results:

℞ Hydrarg. chlorid. corros. gr. ij to jv.
Alcohol.
Aquæ ää ℥ ss.

M. Sig. Use as lotion twice or thrice daily.

I use no constitutional treatment unless there exist general debility, indigestion, etc.

Unlike DR. MORDEN, I have had no success with arsenic, which I tried two years ago, without any good results whatever. The alkaline bath is beneficial, I think; at least I recommend it, especially if the patient is not in the habit of taking regular baths, believing that on hygienic principles it will have a good effect.

S. BAILEY, M. D.

MT. AYR, Iowa, February 3, 1885.

The inquiry of DR. MORDEN, in the AGE, vol. iii, No. 2, is a pertinent one to many in northwestern Indiana.

The skin disease, not scabies, he mentions, has prevailed in this and adjoining counties for a year or more. From the frequent mention of the same in the journals that come upon my table, I am inclined to think it abounds from the Atlantic to the Pacific. It has been variously named "winter itch," "prairie scratches," etc. I saw many cases in the army in 1863 and 1864, in Arkansas, Mississippi, and Louisiana. There it was called the "army scratches." It was no respecter of persons. It affected generals and colonels, as well as privates.

I do not believe it is scabies, nor are the evidences very strong that it is contagious. In some cases I think the two may exist in the same person. I have examined a large number with a pretty strong glass, but could never detect the acarus scabie.

It seems to be an irritation of the terminal nerve fibres, and gives rise to the intense itching. The abrasions of the skin are made by the scratching of the patient. I tried many things until, within the past year, I have used the following with good success:

℞ Red precipitate, ℥ ij.
Spirits turpentine.
Sweet oil, aa ℥ jv.

M. Sig. Apply with a sponge to the part affected at bed-time.

On the following morning I order a bath with plenty of soap, and water as hot as can be borne.

I have the above continued until the desire to scratch subsides. Of course, the bedding and clothing are to be kept clean by being changed frequently.

The name under which I should describe this affection is *eczema papulosum*. It is one borrowed from a physician in Missouri. It may not be correct, but it *sounds* well.

I. B. WASHBURN, M. D.

RENSSELAER, Ind., Feb. 5, 1885.

During the last two years I have had to treat a great many cases of this skin affection, which DR. M. R. MORDEN describes in the AGE of Jan.

26th, while not a single case of true scabies has come to my notice. Only in a few instances have I found it to become confluent and to form patches. It occurs in the country as well as in the towns, and cannot be traced to filth. Internal medication gave no results. Of external applications I used a large number with very poor results. Finally I came in one of the German medical journals across the following prescription given by DR. UNNA, of Hamburg, one of the leading dermatologists of Germany:

℞ Zinci oxydati, 40.0.
Bals. Peruviani, 20.0.
Muc. gum. arab,
Glycerin, ää 30.0.
M. f. Paste.

This, applied rather thickly with a stiff bristle brush—what painters call a sash tool—dries readily, and is to be renewed as needed. It has done me good service in the troublesome affection in question, and cured some of the worst cases in a few days. Another application which has proved useful in a number of cases is balsam of Peru and liquid tar, in equal parts.

H. SPEIER, M. D.

JORDAN, MINN.

DIGITALIS, CAFFEINE AND ADONIS VERNALIS.

J. J. MULHERON, M. D.:

Dear Doctor,—The December number of the Therapeutic Gazette, of which you have been an associate editor, contains an article on caffeine and adonis vernalis credited to the Med. and Surg. Reporter. The translator says therein: Subcutaneously administered, the dose is a syringeful of the following solution: Caffeine natro-benzoic, gr. lxxx, aqua dest. fl:, ʒ ij—ɔ ij., etc.

I cannot understand this passage. In the first place, how much is a syringeful? Secondly, what is f ʒ ij—ɔ ij?

The remedy in question is so favorably spoken of, and seems to be so valuable in a class of cases which generally find the physician rather helpless, that I would like to try it as soon as a suitable occasion offers. But, as the item stands now, it is useless to me, and probably to the majority of readers. Could you kindly furnish the necessary explanation and also information where this salt of caffeine can be obtained? Perhaps I ought to have addressed some other member of the editorial staff, but I feel like knowing you, having been a reader of the MEDICAL AGE and its predecessor for some years, and a very appreciative one at that. Maybe you could answer my inquiry through the columns of the AGE.

Yours truly,

H. SPEIER, M. D.

JORDAN, MINN., Jan. 25, 1885.

[The article from which our correspondent makes his quotation is one in which the comparative value of digitalis, adonis vernalis and caffeine is considered in reference to their action on the heart. The following are the conclusions reached: In cases of danger caffeine natro-benz., subcutaneously employed, is the best remedy in heart disease; digitalis, if a more permanent effect is wanted; adonis, if the intention is simply to increase the flow of the urine; while caffeine, internally administered, will often assist us, when digitalis has lost its therapeutical effect.

In reply to the query submitted, we should interpret a syringeful to mean from ten to fifteen minims, which is the standard size of a hypodermic injection. Two fluidrachms and two scruples would equal 160 minims, and ten minims of the solution would contain five grains of caffeine natro-benz., which would be a proper dose when the prompt action of the drug is desired. Any competent pharmacist can make the preparation, and if our correspondent's neighborhood does not contain such an one, we will gladly undertake to have his order filled for him.—EDITOR.]

GRINDELIA ROBUSTA IN COUGH

Such has been my experience with grindelia robusta that I have come to include it in all my cough mixtures, when the seat of the irritation is the middle or upper portions of the air passages. In asthmatic cases its action is simply perfect, and its influence over the condition which, I think, obtains in asthma, was beautifully illustrated in a case which had its origin in strychnia, administered in medicinal doses. The patient, according to my theory, had a tendency to asthma, which the strychnia stimulated into activity. The grindelia afforded almost immediate relief from the attacks, although I am not aware that there is any physiological antagonism between the two drugs. It is its property of relieving the irritability of the bronchi which, doubtless, makes grindelia robusta the valuable drug that it is in coughs.

JOHN F. MCCANN, M. Sc., M. D.

354 W. 22d st., New York City.

The Medical Age.

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Editorial.

ÆSTHETICS AND PHYSIOLOGY IN EATING.

To a greater extent than is, perhaps, wont to be recognized, a man is what his food makes him. Among the causes most operative in the advancement of civilization, may be classed the cuisine. We hear much of the simplicity of our ancestors in this matter, but the fact remains that there is less of fatal illness to-day, and a greater average longevity than ever before. Doubtless we still eat too much and our food is still far from the ideal, but we are improving, and cookery is, without much special devotion to it by the masses, becoming yearly more conformed to the physiological laws which should govern it. In his Lettsomian lectures recently delivered, DR. T. LAUDER BRUNTON takes up this subject, sufficiently trite to deter the ordinary lecturer, and throws upon it a flood of light. After reviewing the generally-known facts in connection with feeding and digestion, in a characteristically racy manner, he takes up certain other facts with which the general practitioner is not so familiar. Among these is the reflex stimulation of the nervous centres by the mechanical acts of mastication and swallowing, and the censory excitation of the higher centers by the pleasure of taste in feeding, from which he makes it appear that "pleasantness" in the matter of one's meals has an influence on both the psychical and the physical man, to which too little importance is commonly attached. The secretion of saliva and gastric juice is dependent on reflex nerve action, and will not take place properly if the nerve centres be depressed. Observations of MAREY proved that the current of blood in the carotid artery of a horse became three times as rapid during mastication as it was before, and in BRUNTON'S own case the sipping of a wine-glass of water raises the pulse from 76 to 100; so that, in fact, a glass of cold water slowly sipped, will stimulate the heart as much or more than a glass of brandy. In the act of swallowing the inhibitory action of the vagus on the heart, is for the time being suspended. The importance of removing from the nerve centers all depressing influences, in order that they may thus be freely open to the physiological effects of mastication and swallowing, is apparent, and among the means most active in this removal is good cooking. The savory viand produces a feeling of pleasurable contentment in the diner, and thus, while being in itself more digestible than an ill-cooked dish, exercises an influence which favorably affects the centres, and places them in a condition in which they are most subject to the physiological reflex action of mastication and swallowing. If a dinner be really enjoyed, it is a rare thing for it to be followed by indigestion, even though the amount of food taken be in itself excessive. Herein is seen the importance of æstheticism in dining, and the great value attached to good cooking, pleasant company during the eating, and the various other adjuncts with which the refinements of modern life have surrounded it. The act of feeding should be so conducted as not merely to throw into the stomach the fuel for the supply of the waste of the sytem, as the stoker throws in coal to keep up steam: it should have reference to the mental as well as the physical man, and be so conducted as to secure its greatest good on both the intellectual and the censory centres.

It is pleasing to note that DR. BRUNTON regards the principal meal, as generally partaken of in refined circles, as quite closely conforming to physiological requirements. "Whatever men may be in other things," he says, "they are not 'mostly fools' in regard to the plan of their meals." A plain dinner ordinarily consists of soup, fish, joint, pudding, bread and cheese, and dessert, and the lecturer maintains that there is a philosophic fitness in the order in which these courses are arranged, and in the principal comestibles of which they are composed. The soup is a food and stimulant to the stomach itself and thus prepares it for its task of digesting the food which follows. SCHIFF found that the stomach of an animal which had some time before digested a full meal, had very little power to digest albumen, and a similar fact was ascertained in regard to an extract made from the stomach itself, this extract hardly acting on albumen at all. When, however, the stomach of such an animal was prepared by the introduction of certain substances, its power of digesting albumen was enormously increased. SCHIFF called these substances "peptogens," and the most powerful of them he found to be dextrin and soup made from meat. If the meal be begun with a plate of soup and a piece of bread, the bread partially converted into dextrin in the mouth, and the extractive matter of the meat

contained in the soup, on reaching the stomach will be absorbed, and will supply to the gastric follicles the power to secrete an abundance of pepsine. Soup thus acts the part of feeding the steed before imposing on it the burden.

DR. BRUNTON then proceeds to show how it is that fish properly follows soup, in the meal. The ready solubility of food constitutes the first and main features of its digestibility, and this solubility consists, in fact, in its facility for being broken up into small particles. The short, flaky fibres of the fish muscle separate and, therefore, dissolve more readily than the longer fibres of the flesh of oxen, or sheep or poultry.

The stomach is thus prepared for the heavier part of the meal, following which, or taken simultaneously with it, are the vegetables, which supply inorganic salts, and probably play a part in the recomposition of the peptones into albuminous material of the tissues after absorption. Bread supplies additional dextrine the cheese albuminoids, and the dessert sweet fruity matter, all of which are useful; and if we remember the effect of mastication and deglutition on the circulation and nervous system, we can at once discover a good reason for this manner of terminating a dinner.

On the question of the use of alcohol as an aid to digestion DR. BRUNTON"S views will be met with opposition, although if such use be strictly confined to conditions of exhaustion by long fasting or severe exertion, or to those whose digestion is materially weak it is not so objectionable. DR. BRUNTON holds it to be one of the most powerful stimulants both to secretion and the circulation. He recommends a glass of sherry and bitters before a meal or a glass of sherry with the soup. During the course a glass of effervescent wine, and with dessert the sipping of a quantity of wine, secures the stimulating effect on the circulation spoken of. The consensus of professional opinion is, however, not in favor of such practice in the in the case of the healthy individual.

ONE HUNDRED YEARS OF PUBLISHING.

"Little of all we value here
Wakes on the morn of its hundredth year,"

And when an institution, in our new country, has completed a full century of existence there lies in the fact full and sufficient grounds, both for self-gratulation and for the felicitation of its friends. The publishing house now known as LEA BROTHERS & CO., has come to be an institution in this country, and it has entered upon the second century of its life. It has signalized its first centenary by the issue of an autobiography, in the perusal of which we have been much interested. The house was founded by MATHEW CAREY, who was born in Dublin in 1759, and who selected the occupation of a printer and bookseller. MR. CAREY was a characteristic Irishman, possessed with a spirit of independence and an intrepidity of utterance which led him into active participation in the political movement of his day, a spirit and an intrepidity, moreover, which, associated with an inborn facility of expression with tongue and pen, soon attracted towards him the attention of the British government. For his enthusiastic and violent ulterances he was thrown into Newgate on the sole authority of Parliament, and although he was triumphantly liberated by the Lord Mayor as soon as Parliament adjourned, a criminal prosecution hung over him for libel on the Premier. He had so incurred the displeasure of the government as to make it unsafe for him to remain subject to its authority, and he accordingly escaped in disguise and embarked for America, which had just succeeded in throwing off its colonial yoke. He landed in Philadelphia in 1784, with only a few guineas in his pocket. He soon attracted the attention of LAFAYETTE who was visiting WASHINGTON at Mount Vernon, and who generously sent him his cheque for four hundred dollars. With this slender capital he proceeded in 1785 to issue the Pennsylvania Evening Herald. His aggressiveness was not abated and he found himself in a controversy with COLONEL OSWALD, which finally led to a duel in which he received a bullet in his thigh, which stretched him on his back for sixteen months.

The publication of books soon followed upon journalism and among his more important undertakings was the issue of the Bible in quarto, both the Douay and the Authorized Version, which for a considerable period were the only quarto Bibles of American manufacture in the market. Stereotyping was at that time unknown, and these works were kept standing in type—a display of enterprise which was in those days unprecedented. In 1817 he associated with him his son, HENRY C. CAREY, and four years later ISAAC LEA, his son-in-law. In 1824 he retired from the firm which then took the name of CAREY & LEA. He died in 1839, in his eightieth year, his death being caused by the overturning of his carriage. The firm has ever since been in the hands of the family. MR. HENRY C. LEA, so well known to the present generation, became a member in 1851, when the firm took the name of BLANCHARD & LEA. In 1880 MR. LEA retired from active participation in its affairs, though still remaining a special partner, his successors being HENRY C. LEA'S SON & CO. He has now finally retired and the firm of LEA BROTHERS & CO. inaugurates the second century of this remarkable house, the firm consisting of Messrs CHARLES W. LEA and ARTHUR

H. Lea, fourth in descent from Mathew Carey, Henry M. Barnes and Christian C. Febiger.

From a very early period this house had included the science of medicine within its sphere. In 1820 it founded the Philadelphia Journal of the Medical and Physical Sciences, edited by Dr. Nathaniel Chapman, and in 1827 this was succeeded by the American Journal of the Medical Sciences, a journal which more than any other instrumentality contributed to make American medicine known and respected throughout the world. The house gradually abandoned all other publications and has long confined itself to the issue of medical works.

Truly the firm of Lea Brothers & Co. has had a wonderful career. The house has never lost a partner by death, all its members having successively withdrawn in season to enjoy the fruits of well-directed industry. Its members have always been more than mere business men. From Mathew Carey down they have combined singular business ability with a high order of literary culture, and a recognition of moral responsibility which is all too rare in commercial houses of more recent times. Henry C. Lea, who has now retired to enjoy the *otium cum dignitate*, is a man of rare talent, known both at home and abroad through his literary works, and held in veneration for his patriotism during the war of the rebellion and for his subsequent efforts to elevate and purify the political life of the nation. His mantle has fallen on worthy shoulders, and it is hazarding nothing to say that the imprint of his successors will continue to be a guarantee of the worth of their publications.

MEDICINE AS A BUSINESS.

"While other professions are laboring, organizing, scheming, for their own advancement and for the establishment of their own power over society, ours has so completely forgotten its common interest in individual sacrifice, that to this day it remains, as has been well described for all practical purposes, a disorganized rabble."—*Asche.*

Verily this declaration might well serve as a text for a timely sermon. It is the pithy statement of an undeniable though imperfectly recognized fact. Organization of the various callings of men into guilds for the promotion of material interests, is the order of the day—an evolution of this later period, and the necessity for which is becoming more and more apparent with the increasing complexity of society. Men have discovered that the interests of the individual are closely dependent on the general good, and that individual success is impracticable in the midst of general failure. The exceptions to this rule are apparent rather than real, and it is a pernicious doctrine which holds that a man can rise only by pulling others down. The scriptural declaration that no man liveth to himself, neither dieth to himself, is as full of wisdom in the material as in the spiritual affairs of men. All are but parts of the stupendous whole, and the reciprocity of interest between the individual and the great body of which he forms a part, is organic.

We believe the above generalizations will be accepted as truisms. Why is it, then, that they are not made the basis of action by the medical profession? This answer may, unquestionably, be found in the traditional fiction that medicine is a profession, pure and simple. Despite the evidence which has accumulated to proportions which would be overwhelming in other directions, medical men refuse to concede that their vocation is a business as well as a profession, and that it is subject to conditions which influence business of every nature. The time was when the physician's income consisted purely of honoraria; when for the physician to have presented a bill for services rendered, would have been for him to voluntarily place himself beyond the pale of the profession. The physician who should to-day depend on honoraria for his livelihood would soon be driven to repent him of his folly. Times change and we are changed with them, and it becomes us to place ourselves in harmony with our environments. To do this it behooves our medical societies to combine business with professional matters at their regular meetings. In the growing keenness of competition the question of fees, for instance, is one which should engage attention. This is, of course, a free country and each may dispose of his services at such price as he may see fit, but in the light of the above generalizations, is there not an obligation upon all to decline to render service at prices which the profession, in its organic capacity, may deem to be prejudicial to the interests of the whole? This question of fees is doing more to both bring the medical profession into public disrepute and to injure the material interests of the individual physician, than any other one thing, and yet it is rigidly excluded from our medical societies, because, forsooth, these societies should be devoted exclusively to matters of scientific interest! In the meantime the practice of what business men would call underselling, goes on, and those who are guilty are not a whit affected, as to their professional reputations, by their "wrecking." Business men have found this thing of underselling to be a most suicidal policy, and why it is that physicians have not also recognized the fact, is one of the anomalies growing out of the traditional fiction that medicine is not a business, but a profession.

The question of ethics is another which medical societies are apt to sedulously avoid, because of its disturbing influence on the meetings. This is a mistake from a business point of view. The existing relations of physicians toward each other are not such as they should be, both on account of physicians themselves, and on account of the public. The Code of Ethics of the American Medical Association is an ancient and venerable instrument, and conceived in a spirit of lofty professional sentiment, but it was formulated a quarter of a century ago. The third of a century which has just passed has been one of intense activity in all human affairs, and while the grand underlying principles of equity between man and man are fixed and unalterable, the conditions of society of to-day have so changed from what they were even a quarter of a century ago, as to necessitate a shade of difference in the rules of conduct, based on those principles. Our Code of Ethics, like the laws of the Medes and Persians, has undergone no change amid the changes in the conditions to which it must be adapted, if it would be a pervading, living spirit, instead of a hollow, dead letter. It is scoffed at by outsiders, and is not held in respect by a very large body among those who have yielded it tacit allegiance. From a purely business standpoint, therefore, the discussion of the Code in its relations to ourselves, to the public and to practitioners with whom we do not hold fellowship, would seem to be a necessity too pressing to be evaded on the pretext that it would engender animosities. An anodyne plaster may suffice to give ease to the subject of the cancer, and to delude him with a false hope, but the conscientious surgeon lays bare the false growth and extirpates it with the knife.

When medicine comes to be regarded as a business, the profession will take up another question, which is now delegated to a lot of irresponsible corporations, viz., the question of medical education. This is a question, the gravity of which in its relations to the general profession, seems to be imperfectly comprehended. Other callings judiciously exercise an oversight over those who enter their ranks, but in medicine there is no restriction. The whole matter is in the hands of the medical colleges, "institutions," as has well been said by DR. H. C. WOOD, "without responsibility, from whose secret examinations all light of publicity is shut out, institutions which directly derive large revenues by letting loose upon the profession uneducated men." Perhaps it is impossible, for some time at least, to secure any legislative action to limit this great evil, but there is no obstacle in the way of bringing to bear upon it the weight of the moral influence of the profession. Medical societies, however, under the false conception of their functions, persistently ignore the matter. Let the profession but once give the colleges to understand that they are responsible to it in its organized capacity, for the material which they are yearly turning loose into ranks which are already filled to repletion, and a great and much-needed reform will be at once inaugurated. The profession suffers from a failure to recognize its influence in this as in other questions which have a very direct relation to its material prosperity.

YE MEDICAL STUDENT OF YE OLDEN TIME.

The following from the Medical Times, is a copy of an agreement entered into by a medical student and his preceptor in the early part of this century, in England. It is reproduced not with any hope of its adoption in lieu of our more expeditious modern method of supplying the public with doctors, but with the suggestion that a modification of it might not be amiss as a supplement to the plan in vogue in these days of "the higher medical education":

"*This Indenture Witnesseth*, That Edward O——, of the town of Falmouth, in the county of Cornwall, by and with the consent of his Father, doth put himself Apprentice to James X., of said town of Falmouth, Surgeon, to learn his Art, and with him, after the Manner of an Apprentice, to serve from the 2nd day of March, Eighteen hundred and Eleven, the full end and term of five years from thence next following, to be fully complete and ended.

"*During* which term the said Apprentice his Master faithfully will serve, his secrets keep, his lawful commands everywhere do. He shall do no damage to his said Master, nor see to be done of others, but to his Power shall let or forthwith give warning to his Master of the same. He shall not waste the Goods of his said Master, nor lend them unlawfully to any; he shall not commit fornication not contract Matrimony within the said term. He shall not play at Cards or Dice-Tables, or any other unlawful Games whereby his said Master may have any loss with his own goods or others during the said term, without the license of his said Master. He shall neither buy nor sell; he shall not haunt Taverns nor Play-Houses, nor absent himself from his said Master's Service day or night unlawfully, but in all things as a faithful apprentice he shall behave himself towards his said Master and all his during the said term.

"And the said James X., for and in consideration of the sum of forty pounds lawful money of Great Britain, one moiety of which to him in hand paid, the other moiety when half the term is complete, the said Apprentice in the Art of Surgery and Physic which he useth by the best

means that he can, shall teach and instruct or cause to be taught and instructed. Finding unto the said Apprentice sufficient meat, drink, lodging, and all other necessaries during the said term.

"And for the true performance of all and every the said Covenants and Agreements, either of the said Parties bindeth himself unto the Other by these Presents.

"In witness whereof, the parties above named to these Indentures interchangeably have put their hands and seals this 22d day of March, and in the fifty-first year of our Sovereign Lord George III., by the Grace of God of the United Kingdom of Great Britain and Ireland King, Defender of the Faith, and in the Year of our Lord one thousand eight hundred and eleven.

"Signed, sealed, and delivered in the presence of "I. GRIFFIN."

Three-penny stamp (on the paper).

One pound ten shilling stamp (to the indenture).

RHAMNUS PURSHIANA.

We hope we shall not be accused of a too persistent threshing of old straw, in again referring to the subject of the efficacy of this drug in constipation. We do so at this time to place in opposition to the views of the author of Medical Botany of North America, the results of the experience of SENATOR (a name not unknown to the profession of Europe) as reported in the Wiener Medizinische Blætter, of 8th ult. SENATOR had his attention directed to cascara sagrada, enonynim and irisin, though the references to these cathartics in the American journals, and accordingly put the claims made for them to the test of his own experience and observation. We shall only refer to the results in the case of the former. These results, he says, fully confirm the experience of the profession in England and America, to the effect that "the drug is a very commendable and non-irritating cathartic, certain in its action and causing no appreciable disturbance. The stools, according to the dose given, may be normal, mushy or liquid. A great advantage from its use lies in the fact that it may be taken for a great length of time without disadvantage. On the whole it ranks, on the score of its efficiency, between rhubarb and senna, while it is superior to these in the fact that its combined action may be secured in smaller doses."

It will, doubtless, be something of a surprise to the conservative German who has given this unequivocal endorsement of Rhamnus Purshiana, to learn from the author of Medical Botany of North America, that the drug has "an unmerited reputation in constipation" and that "its popularity being forced and fictitious, will be short-lived."

In this connection we take the liberty to quote from the North Carolina Medical Journal's review of the Medical Botany of North America: "We must take issue," says the reviewer, "with DR. JOHNSON in what he says about the medical properties of Rhamnus Purshiana: if his condemnation of the drug is founded on practical observation, he has been deceived in the quality of that furnished him."

A MEDICAL EL DORADO.

El Dorado proper was supposed to be situated somewhere in the centre of South America. Unfortunately, the region was a fabulous one, and failing in its discovery, the hopes which it engendered in the searchers after it were doomed to disappointment. But there now comes to medical men, after many years, from the same continent, a report of a country which is scarcely less full of promise than the fabled region. It is the Argentine Republic, and the glowing accounts of the possibilities of the medical practitioner there must create an interest in that country by the profession of this country, which will be quite unprecedented. All medical men are said to be making fortunes there, and there is still room for healthy competition. The prices for services are good, very good, in fact, when compared with those ruling in the Republic of the United States, $2 being the fee for advice, and $4 for a visit. For a confinement, when all goes well, about $100 is the fee, and when there are complications as much as $500 and upwards is a common fee. Bills are never disputed in that blessed abode, even when the amount is such as would make the hair of pater-familias in our northern latitudes stand on end, and their eyes present symptoms of exophthalmos. The fees for surgical operations are simply fabulous, $6,000 for an ovariotomy, for instance (what a field for our Michigan ovariotomists!), $3,000 for amputating an arm, with $2,000 apiece for two assistants, $250 for tapping a dropsy, and so on throughout the list! There is nothing said of the value of money there, but the Argentine Republic is, we believe, financially sound. Expenses are said to be high, and (fatal objection to the average doctor in this country), before one can practice, he must pass a Staats Examen; he must also be able to speak Spanish. We should not be surprised when this news gets bruited abroad, if the South American mails should contain many enquiries touching the nature of the examinations which the Government Board of this new El Dorado exacts, and if a corner be created among teachers of Spanish in this country.

PRURITUS VULVÆ.

There is probably no complication of pregnancy which so much annoys the woman as pruritus of the vulva. So persistent is it at

times as to even cause serious mental depression, and the remedy which shall promptly relieve it is a great boon. DR. ATTHILL, of Dublin, recommends the following lotion:

℞ Acid carbolici, gr. xx.
Tr. opii., ℥ ss.
Acid hydrocyanici dil., ℥ ij.
Glycerini, ℥ ss.
Aquam q. s. ad., ℥ iv.
M.

This is to be applied to the parts by means of a pledget of cotton thoroughly saturated with it and left in contact with the parts. The same lotion, similarly applied, is said to be also useful in pruritus ani.

We have found the application of essence of peppermint to be an efficient remedy. It must be carefully and gently applied at first, and if the smarting which it causes be very severe it may be diluted with an equal quantity of alcohol.

The British Medical Journal alludes to the use of balsam of Peru in this connection as a new triumph in medicine. We had occasion recently to apply it in a case of intolerable pruritus of the vulva, in a woman in the seventh month of pregnancy. The effect was exceedingly satisfactory. It is said to be equally efficacious when the anus is similarly affected. A pledget of cotton is saturated with it and allowed to remain in contact with the parts.

A physician with whom we recently conversed on this subject, declared a saturated solution of borax in laudanum, to be an infallible application, in his experience.

The following gem from a practitioner whose work is legalized by the Michigan Medical Act, with the provisions of which he has fully complied, is worthy of being preserved:

"Alow me the privlage of taking a few momentes of your tim Have aBorten paitent upone hand which occured Jan. 3 fetus two month gone pased of with slight pain hemrage slight easy controled in two days latter severe pains come one wich expeled a small subsence like a placenta pains continued of most vilont nature controled them by Morphia and Bromide. Now every day severe pains occure aboul 12 last two hours some discharge no blood slight oder No tendirness over abdome pulse 78 apotite good Bowles reglare Have bin using hot woter twist daly with chlorat of pottass wich paitent enjoyes."

The New York Times tells of a specialist in that city who testified on the witness stand that the prisoner at the bar, on trial for murder, could not have quietly thought out his plans for committing the homicide, while walking on Broadway. On being asked why this was so, he gave as his reason the fact that Broadway is the main artery of the city, and that his professional skill had taught him that a quiet vein of thought on a main artery is paradoxical and absurd.

It is said that the patient who is made to keep his eyes closed on recovering from ether, is thereby fortified against the sickness which is apt to occur. Owing to his giddiness, objects at which he looks appear to be swaying from side to side, and thus a sensation similar to that of seasickness is produced. The closure of the eyes prevents this.

In our notice of "The London Medical Student, and other Comicalities," in our last, the Detroit Free Press Co. is given as the publishers. This is an error, DR. HUGO ERICHSEN, 11 Farmer street, Detroit, the compiler of the work, is his own publisher, and parties desiring a copy, the price of which is $2.00, may address him.

In a recent board of pharmacy examination, in reply to the question: "What would you do in case a prescription had been wrongly dispensed and the patient's life was endangered?" one reply was: "Go to Canada!"

Book Notices.

THE PRINCIPLES AND PRACTICE OF GYNÆCOLOGY. By Thomas Addis Emmet, M. D., LL. D., Surgeon to the Woman's Hospital of the State of New York; Ex-President of the American Gynæcological Society and New York Obstetrical Society; Honorary Member or Fellow of the Obstetrical Societies of Boston, Philadelphia, Louisville, Little Rock, Berlin and Edinburgh, of the Medical Society of Norway, British Medical Association, Medical Society of London, Medical Societies of the States of New York, New Jersey, Connecticut, etc. Third edition, thoroughly revised. With 150 illustrations.
Philadelphia: Lea Brothers & Co.
Detroit: Philips & Hunt.

The first edition of this classical treatise appeared in 1879. This was followed in less than a year by a second edition, and now we have the third. If the rapidity with which a book appears in new editions may be taken as a criterion of its worth (and it generally may) DR. EMMET'S book must take rank among the most deserving on the subject of gynæcology. A peculiarity of this treatise lies in the fact that it is based on the experience of a master gynæcologist. It is not a mere repetition of the views of others, with an occasional supplement in the way of the author's own views. This method of book-making has been all too prevalent in these later times. DR. EMMET worked and studied and made observations for twenty-five years, and under the most favorable opportunities possible (in the Woman's

Hospital of the State of New York) before he issued the first edition of the book before us. Through honest, quiet, conscientious and unostentatious work, he had become known to the profession as one of the most able exponents of the division of medicine to which he had devoted his life, and to this fact was, doubtless, due the rapid exhaustion of the first edition of his book, which was its own best advertisement. Would that DR. EMMET'S example in this were more generally followed.

But the five years which have passed since the first edition of EMMET'S Gynæcology appeared, have been years of great activity in gynæcology, and when it is stated that in the present edition the subject is brought fully abreast of the date of its publication, it will be understood that there is a material difference between the present and the first edition.

The book opens with a discussion of the relations of climate, education and social conditions to development. It has been alleged that animals tend to deteriorate in this country; and, indeed, archæologists give abundant proof that successive races had peopled the American continent and perished before our own occupied it. DR. EMMET is disposed to accept this theory, and he discusses the causes which are operative to-day in lowering the physical condition of the American woman. His statement of the influence of our social conditions in this direction is peculiarly interesting. There are two great nerve-centres which are the recipients, directly and indirectly, of all nervous irritation—the brain and the solar plexus, or the abdominal brain. The spinal nerves enter the ganglia and convey back impressions to the spinal system and through the latter they pass to the brain. In the lower animals the ganglionic system is fully developed without reference to the brain. In woman, however, the brain participates in every disturbance of the ovario-uterine circle, and she is frequently a sufferer even when its function is normally performed. The relation between the cerebro-spinal system and the generative organs is thus extremely close, and when the former is over-taxed, as it is by the social conditions and high pressure educational methods to which girls and young women are subjected, the effect on the generative functions is disastrous. DR. EMMET portrays these evils so vividly and pleads so earnestly for their reform that he has been called a pessimist by some. A careful perusal of his utterances thereon will, however, convince the unprejudiced reader that he is right.

DR. EMMET, while a gynæcologist is also a physician, and as such while regarding the womb as an important organ does not view it as the centre around which the female revolves. He cherishes the hope that in time professional opinion can be influenced to abandon intra-uterine medication, as not based on sound views of pathology; to recognize the different forms and shades of pelvic inflammation outside the uterus, now usually overlooked, as constituting the chief factor in the diseases of women; and that the exciting causes of reflex disturbances will be more generally admitted. His book is calculated to usher in this new era in gynæcology, and in so far as it is successful in so doing it will merit the admiration, praise and gratitude of the American people, which when the admixture of foreign blood shall have ceased will realize more fully than now the enormity of the evils against which DR. EMMET declaims.

Of the book as a whole, it is scarcely necessary to do more than to add that is an octavo volume of 876 pages, and is issued in the highest style of the publisher's art. It stands *ne plus ultra* among treatises on its subject, and greatly strengthens the position of preëminence which has been won by American gynæcology.

THE INTERNATIONAL ENCYCLOPÆDIA OF SURGERY. A Systematic Treatise on the Theory and Practice of Surgery, by Various Authors of Various Nations. Edited by John Ashhurst, Jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with Chromo-Lithographs and Wood-cuts. In six volumes. Vol. V.
New York: William Wood & Co.

Of the merits of this great work we have already written, in our notice of preceding volumes. It was conceived on a grand scale and we venture to say that none of its subscribers will declare that as the work has progressed, it has not fully realized not only its promises but their expectations concerning it. The present volume contains the following articles by the authors named: Injuries of the Head, by CHARLES B. NANCREDE, of Philadelphia; Malformation and Disease of the Head, by FREDERICK TREVES, of London; Injuries of the Eyes and their Appendages, by E. WILLIAMS, of Cincinnati; Injuries and Diseases of the Ear, by ALBERT H. BUCK, of New York; Diseases and Injuries of the Nose and its Accessory Sinuses, by GEORGE M. LEFFERTS, of New York; Injuries and Diseases of the Face, Cheek and Lips, by ALFRED C. POST, of New York; Injuries and Diseases of the Mouth, Fauces, Tongue, Palate and Jaws, by CHRISTOPHER HEATH, of London; Surgery of the Teeth and Adjacent Parts, by NORMAN W. KINSLEY, of New York; Injuries and Diseases of the Neck, by GEORGE H. B. MACLEOD, of Glasgow; Injuries and Diseases of the Air-passages, by J. SOLIS COHEN, of Philadelphia; Injuries of the Chest, by EDWARD H. BENNETT, of Dublin; Diseases of the Breast, by THOMAS ANNANDALE, of Edinburgh; Injuries and Diseases of the Abdomen, by HENRY

MORRIS, of London; and Hernia, by JOHN WOOD, London.

To say that the affections named are discussed in a manner which brings the articles fully abreast of the times, is scarcely necessary, when the position and reputation of the authors are considered. The authors were selected because of their being representative men, whose reputation had been thoroughly established. A critical review of such a work as this (a royal octavo volume of 1,207 pages) would be clearly impracticable within the limits of our space, and we must content ourselves with the statement of its superior excellence. The practitioner who has not secured it has neglected his opportunity to provide himself with the latest and most comprehensive treatise on surgery extant. The mechanical execution of the work is in keeping with its literary and scientific worth; the illustrations, chromo-lithographs and wood-cuts alike, are samples of the highest art in those matters.

A THEORETICAL AND PRACTICAL TREATISE ON THE HÆMORRHOIDAL DISEASE. Giving its History, Nature, Causes, Pathology, Diagnosis and Treatment. By William Bodenhamer, A. M., M. D. Illustrated by two chromo-lithographic plates and thirty-one wood-cuts.
New York: Wm. Wood & Co.
Detroit: John MacFarlane & Co.

This book opens out with a singularly clear-cut preface, and full table of contents, the latter being, in fact, an epitome of the whole subject discussed in the subsequent pages. It is singular that a disease of such common prevalence should have, up to the appearance of this work, no systematic treatise devoted to its consideration. The attention which has been given it has been of the most desultory nature, the treatment of it being to an incredible extent relegated to the charlatan and medical mountebank. DR. BODENHAMER has undertaken to fill up a hiatus in medical literature, and a very cursory examination of his effort is sufficient to convince one that the task which he has undertaken has fallen into most competent hands. The erudition of the author and his intimate knowledge of the disease sparkles from every page. He traces the affection back to very early times, the first record of it being discovered in Deuteronomy xxviii, 27, when Moses threatens the children of Israel that in the event of their disobience "the LORD will smite them with the botch of Egypt, and with the *emerods*, etc." The historical part of the book is very interesting. The remedy which the Philistines employed for the cure of the disease was probably employed with a larger modicum of faith than could be commanded in these degenerate days, and was thus more successful than it would be now: They made, under the advice of their priests and divines, a certain number of golden images of the *emerods*, and placed them in the ark of the LORD, which they returned to the Israelites, from whom they had taken it.

The book discusses its subject in all its bearings, but the divisions of it devoted to etiology and treatment are those which command the closest attention. DR. BODENHAMER places stress on the necessity of search for the primary cause and its removal, as the first steps towards a cure, and, contrary to the usual procedure, he regards medical treatment as more important than surgical treatment. He discusses at length both the numerous obsolete hæmorrhoidal remedies and those which have found favor in more recent times, and gives the merits and demerits of the latter, including the injection of carbolic acid. A copious bibliography closes the book, which on the whole must be regarded as the most complete work on hæmorrhoids extant.

A PRACTICAL TREATISE ON MASSAGE. Its History, Mode of Application, and Effects, Indications and Contra-Indications, with results in over 1400 cases. By Douglas Graham M. D., Fellow of the Massachusetts Medical Society.
New York: Wm. Wood & Co.
Detroit: John MacFarlane.

Massage, as a therapeutic measure, has of late years been coming into considerable prominence, and there existed a felt want for some work giving a description of it and of its uses. The author of the book before us has assayed to supply that want. He has reproduced from the periodical medical literature all that he has deemed valuable, and has supplemented this with the results of his own considerable experience.

Massage is the term used to designate the process of rubbing, kneading, manipulating, rolling and percussing the external tissues of the body for hygienic or curative purposes. To be productive of its greatest possibilities, it must be performed with intelligence, and a proper knowledge of the condition to which it is directed. Of its value, the results in the hands of DR. WEIR MITCHELL, of Philadelphia, in the treatment of a large variety of nervous disorders, especially in females, are abundant proof.

DR. GRAHAM acknowledges the difficulty of the task of giving a proper description of the method of applying massage. He has, however, in our opinion, succeeded in giving such a description of it as must be very helpful to the competent anatomist and physiologist. For any other than such to attempt to apply massage, would be to make of it an empirical procedure, and one, we believe, not entirely free from danger.

The physiological effects of massage are such as no agent of our materia medica can be said successfully to produce. It promotes nutrition by stimulating the absorptive and assimilative

functions of the parts to which it is applied; it acts as an alterative by its action on the lymphatic system; and it creates a condition of rest and repose by diverting from the cerebro-spinal centre the surplus of nervous energy. An agency which will do all this is certainly one which commands attention, and massage is yearly receiving more and more of it. The conditions to which it has been successfully applied are chiefly that of nervous exhaustion and anæmia in women, neurasthenia as met with in either sex, neuralgia, paralysis, rheumatic affections of the joints, sprains, etc. Dr. Graham's book, written as it is in a pleasing style, will, doubtless, direct that further attention to massage which its importance merits.

Elements of Surgical Diagnosis. By A. Pearce Gould, M. S., M. B. Lond., F. R. C. S. Eng.; Assistant Surgeon in the Middlesex Hospital, London; Surgeon in the London Temperance Hospital, and to the Royal Hospital for Diseases of the Chest.

Philadelphia: Lea Brothers & Co.
Detroit: Philips & Hunt.

This 12 mo. volume of 584 pages aims to give as full an exposition of the elements of surgical diagnosis as is possible within its limits. It is something more than the epitome which one would be apt to expect it to be, from its size. The author has displayed a considerable faculty for condensation, and while we should not recommend the book as a substitute for the more systematic treatise, it is, nevertheless, such an one as he who has made a careful study of the latter may read with profit. He will, moreover, find it to be something more than a remembrancer, and to furnish him with points which in larger books are apt to be overlooked.

Formulary.

For Inflammatory Fever.—Professor Gross highly recommends the following combination in all cases of inflammation of the sthenic type:—

℞. Liquor potassii citratis *vel.*
Liquor ammonii acetatis ℥ ss.
Spiritus ætheris nitrosi ʒ j.
Tinctura aconiti radicis ♏ij.
Morphia sulph. gr. ⅛.

M. Sig.—For one dose, to be repeated every four or six hours as necessary.

If, as often happens, the tongue continues coated, and bad taste in the mouth with nausea, biliousness and constipation remain, then the best remedy will be—

℞. Hydrargyri chlor. mitis gr. iij.
Capsicum gr. ss.

To be followed in eight or ten hours by a saline.

If, however, the irritability of the stomach be excessive and the inflammation high, so that large doses will not be retained, give hydrargyri chlor. mite, gr. ⅙ with sodii bi-carb. every half hour until the nausea and vomiting cease, and then in a few hours administer a saline.

FRENCH LINIMENT.

For cuts, bruises, or lacerated wounds, in man or beast:

℞ Oil turpentine, 8 ozs.
Linseed oil, 8 ozs.
Oil juniper, 4 ozs.
Barbadoes tar, 3 ozs.
Oil amber, 4 oz.
Oil seneca, 1 oz.

Mix all, shake and apply.

DR. WENTWORTH'S CELEBRATED RED BOTTLE.

An English remedy for rheumatism, local swellings, bruises, inflammations, etc.:

℞ Alcohol, 4 ozs.
Gum camphor, ½ oz.
Oil origanum, 1 oz.
Tr. opium, 2 ozs.
Tr. aconite, ½ oz.

M. S. Bathe.

Hamamelis for Hæmorrhoids.—Dujardin-Beaumetz (Bull. gén. de thérap.) suggests the following as a convenient formula for the administration of this drug as a remedy for hemorrhoids:

℞ Fluid extract of hamamelis,
Syrup of bitter orange-peel, each, ℥ jss.
Tincture of vanilla, gtt. xx.

Dose: a teaspoonful.

Medical Progress.

MURIATE OF COCAINE IN GYNÆCOLOGY.—Reports of new experiments made are constantly received. We have a report from DR. MUNDÉ of New York, in the Courier for January. He has used cocaine in performing EMMET'S operation. DR. KING writes that the solution was injected into the cervix uteri before the operation—best fifteen minutes previous—that everything went well until the needles were put into the deep tissues. Probably the repeated painting of the surface would have aided greatly.

From Augusta, Georgia, we have a successful report of an operation for vesico-vaginal fistula, performed after repeated paintings of the surface with a four-per-cent. solution.

From abroad comes the history of a case of vaginismus in a young married woman, which had resisted every other treatment, yielding to an application of cocaine to the mucous surface.

This harmonizes perfectly with our own experience, which has been most satisfactory in an annoying case of vaginismus, for which a month ago we should have been obliged to resort to operation.

In an aggravated case of vomiting from pregnancy due to an eroded cervix we have succeeded well with the cocaine treatment. The patient, a young married lady, had been suffering severely and constantly from nausea and vomiting, with distressing backache. Such local remedies as we have invariably found successful when no local cause existed, had failed. After an examination had been acceded to a large circular erosion was discovered, and the rubbing of the sensitive raw surface upon the posterior vaginal wall caused great suffering, backache, nausea and vomiting. Internal remedies, of course, were withdrawn and a few drops of a four-per-cent. solution of cocaine applied with a cotton pledget to the eroded surface. The backache immediately ceased and the vomiting stopped, though the nausea continued; and though these distressing conditions again returned, they appeared in a milder form and are slowly yielding as the erosion is healing under these applications of cocaine made every second day. A small pledget of cotton saturated with a few drops of the solution, is left in the external os, after the erosion has been painted with the solution; the surface is then powdered with iodoform and a tampon of salicylated cotton is introduced.

In dysmenorrhœa we have as before stated, had the happiest results by applying a few drops of a four.per-cent. solution upon a pledget of cotton to the cervical canal as far as the internal os, and even into the uterine cavity, after cleansing the surface, thus relieving backache, bearing down pains and uterine suffering.

From DR. FORREST, of Charleston, S. C., we find a statement in the Medical News, that he has employed a hypodermic injection of from three to five minims of a four-per-cent. solution over the region of the ovary; this was in an aggravated case; to give the doctor's own words: "The deformity of the uterus has been rectified by the treatment, but the pain during the menstrual period is still as agonizing as ever; the most acute and intolerable anguish is over the inguinal region and is accompanied by wind colic that causes the sufferer to writhe in agony; nausea and vomiting add to her distress, and she seems at times ready to go out of her mind with suffering. While still hoping to effect a permanent cure of this condition by proper treatment, temporary relief by the administration of morphia is all that I have hitherto been able to afford her. The remedy is almost as bad as the disease; excites the nervous system, banishes sleep, increases the prostration etc." Almost immediately after each injection of the cocaine, the pain in the inguinal region ceased to be felt, and the nausea and wind colic were relieved, and instead of the nervous excitement and wakefulness, a soothing effect inclining to sleep was experienced. Five minims of a four-per-cent. solution were sufficient to afford a complete relief for five or six hours, and comparative immunity for a much longer period. He adds: "While, however, the drug acted thus admirably, both locally and generally, it had no effect apparently upon the bearing-down pains and pain in the back, but only upon the local pains in the neighborhood of the spot where it was injected. It was also noticed that while it relieved the nausea and vomiting which were of a reflex origin, it caused slight nausea itself, but this was only temporary."

It appears by this that if we combine the method of DR. FORREST with the application before mentioned, we may hope to completely relieve in many instances at least, the pains of dysmenorrhœa, that is by applying the solution to the cervix and the mucous membrane of the canal and also injecting the solution over the site of the greatest pain. We have observed that in our own case, in which the application was made to the lining membrane, the local pain was relieved, whilst the insomnia, the nervous excitement, to a certain extent, continued; and DR. FORREST states that he observed no effet upon the bearing-down pains and pain in the back. So it seems that we may relieve all the annoying symptoms by using both the local application and hypodermic injection.—GEO. J. ENGLEMAN, M. D., in *The Weekly Medical Review*.

BROMOFORM, BROMETHYL, AND BROMETHYLENE.—BONOME and MAZZA from a series of physiological experiments, recently conducted in the laboratory of PROF. P. ALBERTONI, in the university at Genoa, obtained the follow-results: (1) Bromoform is a general anæsthetic. Dogs and guinea-pigs almost always show the same symptoms of anæsthesia and muscular relaxation, following inhalation, that the human subject does. In five experiments upon men, three were well narcotised, the effect lasting for a whole hour; in two—(probably on account of the use of a defective preparation containing free bromine) there was no narcosis, but, on the contrary, irritation of the conjunctiva, a flow of tears, burning in the eyes, etc. The narcotic action they believe to be a little slower in appearing than when chloroform or ether is used, but the success is apparently the same as with both of these valuable anæsthetics. (2) The narcosis obtained from

the inhalation of bromoform is free from the stage of exaltation which we are called upon to witness during chloroform administration. On this account preference should be given this agent in case the patient is subject to epilepsy or alcoholism. BILLROTH and NUSSBAUM have each directed attension to the danger of exciting attacks in epileptics by the use of chloroform. This does not occur during the use of bromoform, which allays the irritability of the cerebral cortex. (3) Bromoform does not disturb the respiratory function, but after prolonged narcosis there is a slight reduction of the blood-pressure. The respiratory fluctuations of the blood-pressure in the course of the narcosis are very regular; the pulse remains strong. In none of the dogs which inhaled it did the bromoform cause sudden arrest of the heart's action, such as is seen during the use of chloroform. (4) During the bromoform narcosis, while it was noticed in dogs that there was decided mydriasis, in man there occurred only trifling alterations of the pupil; there was neither nausea nor vomiting. The quantity of bromoform required to produce complete narcosis is less than that of chloroform, as it is commonly used. (5) In the first few hours after narcosis, it was noticed that there was a sinking of the temperature exactly as after chloroform; but the patient appeared to recover sooner from its effects. (6) Given by the mouth, bromoform also acts as a hypnotic and anæsthetic. (7) Moreover, bromoform prevents putrefaction in organic substances (urine and meat); bacteria are not developed in the presence of bromoform. (8) Injected under the skin, bromoform is fatal when given in a dose of 0.15 gm. for every 100 gm. of the bodily weight. Ethyl bromide produces narcosis more quickly than chloroform or bromoform, but is more easily eliminated from the system, and, on this account, its effects are more temporary. It is to be recommended for short operations. It is less active than bromoform, and becomes poisonous at a point of 0.17 gm. for each 100 gm. of the bodily weight. Whilst the narcosis reduces the blood-pressure (20—30mm.) at first, it rapidly increases again after the termination of the narcosis, when the respiration also is accelerated. Bromide of ethyl also reduces the irritability of the cerebral cortex, and likewise hinders the development of bacteria in organic infusions. Ethylene bromide does not produce complete narcosis upon inhalation, but, when pushed, causes fatal results by abolishing the cardiac activity.—*Centralblatt für Chirurgie*, 36, 1884.

HYGIENE AND PROPHYLAXIS OF DISEASES OF THE INTESTINES IN YOUNG CHILDREN. —Rev. Mens. des Mal. de l'E., August and September, 1884:

Much of this paper is of peculiar interest to inhabitants of France, for whom it was written. Its conclusions are of universal interest, however, and are as follows: When one meets with a child who is suffering from diarrhœa, dysentery, or cholera, it is necessary (1) to ascertain from the parents concerning his diet, and to order good milk, either pure or diluted, for him, according to his age, as an exclusive diet, or to direct a return to breast milk if the disease has come on at the time of weaning. (2) If the disease persists after continuance of the milk diet for several days, give him an appropriate quantity of subnitrate of bismuth with lime-water, and if required, a small quantity of a suitable preparation of opium. (3) If dysentery be established give only a milk diet, or milk with a small quantity of raw meat. Cover the belly and extremities of the patient, if an infant, with cotton, and keep him in a room with a mild and uniform temperature. If the condition of the intestines does not improve after all necessary hygienic precautions have been taken, enemata must be given, first of a laxative, then of an astringent character; starch-water may first be used, and then a solution of nitrate of silver. (4) If there be enteritis of choleriform character, revulsives to the skin are considered a useful means of treatment; internally, raw meat and Malaga or Port wine should be given. To prevent the inanition and marasmus, which are so apt to accompany diseases of the intestines in children, hygienic influences rather than those of medication should be relied upon, and (1) the diet should be exclusively of milk until the sixth month of life. (2) After that period tapioca or arrow-root may be added, at first once a day, and during the seventh month twice a day. (3) Weaning should not take place during the evolution of a group of teeth, nor in very hot weather. (4) The operation of weaning should be a very gradual one. (5) Milk should continue to be the principal accessory means of alimentation until weaning is complete. (6) With the completion of weaning one may give eggs, bread, weak soups, bouillon, fish, finely-cut meat once a day, and for drink, milk or water, no wine, tea, coffee, or highly spiced foods. Great discretion must be used in reducing the number of daily feedings. After weaning there should be two principal and two auxiliary meals daily. The more generally these ideas are diffused by the profession, and the more closely they are regarded by the mothers concerned, the greater the chance of reducing the present high rate of mortality among young children from intestinal diseases. —*Archives of Pædiatrics*, Dec. 1884.

COCA IN THE TREATMENT OF INEBRIETY. —After the removal of alcohol in the treatment of the inebriety, a stage of profound exhaustion and neurasthenia comes on. An unmasking, as it were, of a nameless variety of neuralgias, and states of irritation, both physical and psychical, which tax therapeutic resources to the utmost to meet. Functional changes and perversions that are intense, complex and very changeable, associated with organic lesions, both obscure and well defined, not only difficult to diagnose, but more difficult to treat. These are termed, in general, states of brain and nerve exhaustion, and the usual remedies are quinine, strychnine, electricity, baths, nutrients, and other general remedies. The materia medica is constantly searched for tonics that will lessen this neurasthenic stage, and enable the patient to regain in some measure his lost control of mind and body, and rise above the mental dedression so common and agonizing. Our experience with coca in many cases seems to indicate that it meets these wants more positively than any other drug now used.

Through the kindness of Parke, Davis & Co., of Detroit, we were supplied with the fluid extract of coca leaves, a preparation of known purity and value. The results of its use in these cases has been as follows:

1. After the removal of alcohol, coca given in doses of from one-half to an ounce every four hours, was speedily followed by the most characteristic symptoms of improvement.

2. Its action on the brain and nervous system was that of an exhilarant and slight narcotic, relieving depression and lessening irritable nerve conditions. In case of organic and functional lesions of the heart, an increased steadiness of pulse-beat and diminution of pulse irritability were apparent.

3. The psychological depressions and neuralgias so common in this stage were lessened, and disappeared altogether in most cases, especially for some time after the use of the drug.

4. Both the appetite and sleep, in all cases where it was given freely, improved rapidly, and the future of these cases seemed to have less complications and more positive recoveries.

5. No evidence was brought out that would indicate it destroyed the cravings of alcohol in cases of dipsomania; but it was clear that given freely in these cases it lessened the intensity and duration of the attack. The conclusion which was indicated by this study was, that coca was a tonic of great value in inebriety, and more nearly a specific than any other remedy now known.—*Jour. of Inebriety.*

THE DIETETIC TREATMENT OF ANGINA PECTORIS.—There has recently been under my care a patient suffering from true *Angina*, in whom, as is not seldom the case, any slight gastric irritation constitutes the immediate exciting cause of the frequently recurrent paroxysms.

After the last attack there existed an inability to retain the lightest and simplest foods, their ingestion not only inducing nausea, but much cardiac distress. Recourse was had, with advantage, to milk, partially digested by the commercial extractum pancreatis; but the flavor of the resultant preparation was unappetizing, and finally became repulsive to the patient, who whimsically described its taste as that of "stewed corpse."

To meet this emergency, there were devised two food products, which I have not seen described, and which, in practice, proved eminently satisfactory.

1 *Pancreatized Oysters.*—The oysters of an ordinary stew (containing milk) are removed and finely minced, then returned to the liquid portion of the stew. The whole is brought to a temperature of 100° F.; the appropriate proportions of pancreatic extract and sodium bicarbonate are added, and the mixture maintained at the temperature mentioned for thirty minutes, with occasional stirring. It is then strained and served, and forms not only a highly nutritious and palatable soup, but one which is retained by very irritable stomachs, and utilized with a minimum of digestive power. After boiling, to prevent the further action of the digestive ferment, gelatine may be added, and the mixture served cold, as a jelly. Cooked tomato, onion, celery, or other flavoring suited to the individual taste of the patient, may be added at the beginning of the artificial digestion, and the solid residue removed in the final process of straining, at which it will be noticed that the minced oysters originally added have been in great part dissolved.

2. *Pancreatized Milk-Toast.*—Ordinary milk-toast, in which there is an abundance of milk, when digested in the manner just described, becomes an almost homogeneous pulpy mass, which, when the crusts have been removed, is usually acceptably retained by the irritable stomach. In extreme cases, however, it may advantageously be strained and the fluid portion alone used, in which the partially peptonized solution of casein of the milk is reinforced by actually digested gluten and starch of the bread, together with a very little dextrin. Plain, light sponge cake may be similarly digested, and occasionally forms a desirable change.

In conclusion, I would express the hope that these rather homely suggestions may prove of value in other hands in extending the somewhat scanty bill of fare suited to patients suffering from gastric hyperæsthesia, and the various neurotic troubles of which such a condition may be the exciting cause.—A paper by N. A. RANDOLPH, M. D., read before the *Philadelphia Neurological Society.*

JAMAICA DOGWOOD IN NEURALGIA FOLLOWED BY UTERINE HÆMORRHAGE.—On the morning of October 28th, I was called to see Mrs. A., a robust, healthy-looking woman, æt. 32, mother of five children. On arrival, found her suffering extremely with trigeminal neuralgia; pulse 84; temp. 95.5°. Upon inquiry I learned the following history of her case: On the morning of September 23d she had given birth to a large male child, after three hours labor. The midwife in attendance had "considerable difficulty" in delivering the placenta, and although there was no more hemorrhage than was usual with her, she suffered very much with after-pains for several days; longer and more severely than ever before, and when the "pains" ceased the supra-orbital neuralgia began.

Thinking her trouble was of septic origin, I made a digital examination to ascertain the condition of the uterus. The process of involution was well advanced, and the lochia had entirely disappeared.

I relieved the pain by morphia hypodermically, then prescribed the following if the pain returns:

℞ Jamaica dogwood, fl. ext., ʒ iv.

Sig. Take from 30 drops to teaspoonful every hour until relieved.

Her neuralgia returning in the evening she used the remedy as prescribed, for four hours, with the effect of relieving the pain altogether; but slight hemorrhage from the uterus made its appearance. This I thought most probable the regular catamenial flow, the patient being unusually plethoric, and having menstruated regularly while nursing her last child. Ordered the remedy continued should pain return.

Some twenty-four hours afterward, pretty severe pain returned to the right orbit; the remedy was again administered, and 30 minims repeated in an hour; the pain was again relieved but the hemorrhage was increased to an alarming degree. Upon arrival I administered ergot, which controlled the hemorrhage; then prescribed

℞ Jamaica dogwood fl. ext., ʒ ij.
Fl. ext. ergot, ʒ j.

M. S. Take a teaspoonful every hour when pain exists, until relieved.

This controlled the pain and hemorrhage, after which there was no further trouble.

The point of interest in this case is, that this, in my experience, most excellent remedy in that particular form of neuralgia (of fifth pair of nerves), must be administered with caution in all cases of existing, or where from surrounding circumstances we might anticipate, uterine hemorrhage.—DR. C. P. MCNAB in *Southern Practitioner*, Febry., 1885.

HYDRASTIS CANADENSIS IN GYNÆCOLOGICAL PRACTICE.—A year ago, at the Congress of Naturalists (Naturforscher) held in Freiburg, SCHATZ extolled the fluid extract of hydrastis canadensis in the treatment of gynæcological affections, especially in anomalies of menstruation and hæmorrhages. The experiments of KURZ relate to only seven cases, but they inspire so much confidence, that he cannot forbear recommending this drug especially in private practice.

SCHATZ says that the drug appears to act upon the mucous membranes through irritation of the vessels; in the female genital organs, it seems to diminish the flow of blood to the mucous membranes, and to act especially upon the latter.

KURZ'S seven cases were, in brief, as follows:

1. A girl of 15; profuse menstruation, six or seven days. Local examination impossible. Ext. hydrast. twenty drops three times a day, beginning fourteen days before the menstrual epoch, shortened the duration and lessened the quantity of the flow. Period finally reduced to three days.

2. Light metritis and öophoritis; menses too soon, lasting five days; bleeding severe. Under hydrastis treatment the normal monthly type appeared with moderate hæmorrhage.

3. Intramural fibroid, metrorrhagia at irregular intervals. Under hydrastis, the flow appeared every three weeks, then monthly with moderate loss of blood. The tumor did not diminish in size.

4. Abortion, with defective involution of the uterus. Every three weeks, violent menorrhagia. Under hydrastis the menstruation improved, with moderate hœmorrhages, and, finally, normal.

5. Chronic öophoritis, with hæmorrhages recurring every 8 to 14 days. Under hydrastis the type became more regular, occurring every three weeks.

6. Descent and retroflexion of the uterus, which could be easily brought to an anteflexion; premature, copious menstruation and hystero-epilepsy. Hydrastis, fifteen drops three times daily, beginning fourteen days before the appearance of the flow. The period soon came at the right time, but every time accompanied with a hysteroepileptic attack, which, later on, disappeared under the use of a Hodge-pessary.

7. Chronic metritis and endometritis, with profuse menstruation, lasting ten days. Prolonged use of hydrastis diminished the bleeding to four days; the flow decreased, also.—*Deutsche Medizinal-Zeitung—N. O. Med. and Surg Journal*, Jany., 1885.

THE KOLA BERRY.—M. BEAUMETZ presented recently to the Société Thérapeutique specimens of the kola berry, and of the different pharmaceutical preparations of which it forms the basis. The kola berry is the product of the *Sterculia acuminata*, a plant originally from Africa; it is considered by the natives to be a tonic and an aphrodisiac. It contains a great proportion of caffeine, and small quantities of theobromine and tannin. It is employed in the Soudan in two forms: as a masticatory or as an infusion, after being roasted and pulverized. M. DUJARDIN BEAUMETZ has experimented with it in chronic diarrhœa, and has obtained excellent results. In cardiac disease, at periods of asystole, the preparations of kola appear to act as coffee and caffeine, at once as a heart tonic and as a diuretic; and finally the general stimulant and tonic effects of the drug may be used advantageously in a great variety of adynamic conditions.

M. DUJARDIN-BEAUMETZ used the infusion of the roasted kola berry in doses of about four drachms to a cup of water; of the elixir, or tincture of the kola, in doses of a dessert or tablespoonful. There are also prepared a wine and an alcoholic extract of the kola.—*Journal de Med. de Paris*, Jan. 3, 1885.—*Phila. Medical News*, Jan. 31.

THE ANTIPYRETIC ACTION OF THE ALKALOIDS OF QUEBRACHO.—At the recent meeting of the French Association for the Advancement of Science at Blois, a paper was presented by DRS. HUCHARD and ELOY on this subject (Le Progrès Médicale, October 4, 1884). There are many alkaloids of this drug, no less than six having been already isolated. Numerous experiments having demonstrated the antipyretic action of these alkaloids, the authors were led to make trial of them in the human subject. In a certain number of patients with typhoid fever, to whom quinine had been given without effect, a notable reduction of temperature was obtained by the hypodermic injection of the muriate of aspidospermine in doses of one and-a-half to three grains. This latter amount should never be exceeded. The authors noted especially the rapid reduction of temperature following the exhibition of these several alkaloids, and also remarked upon the changes occurring in the blood after their administration. The blood is changed in color in a way very similar to what occurs after poisoning by carbonic oxide.—*Medical Record*, November 29, 1884.

The Medical Age.

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Original Articles.

LECTURES ON PHTHISIS PULMONALIS.

BY E. L. SHURLY, M. D.,*

LECTURE III.

ACUTE PHTHISIS.

This form, called by the laity "galloping consumption," resembles very closely other acute affections of the lungs and also ordinary intermittent fever. Indeed, it has often, at the outset, been mistaken for the malarial disorder by the best of practitioners. It is characterized *especially by febrile phenomena.*. The bodily temperature remains above normal nearly all the time, and ranges daily from 100° to 105°; exceptionally it may remain normal for a certain number of hours a day—generally in the morning—or for a whole day. In the first part of its course there is a short, hacking cough, which is almost incessant, and accompanied by the expectoration of a very small amount of glairy mucus at the end of the tussive efforts. Gradually the cough becomes less hard, while the expectoration becomes more abundant and of greyish or yellowish color, progressively increasing in amount and consistence according to the progress of the disease. There is usually well-marked hemoptysis early in the course of the disease, although there are exceptions to this rule, notwithstanding very severe paroxysms of cough. When this happens, however, the hemoptysis may be persistent, and large quantities of blood lost. The event is soon followed by more abundant and possibly darker expectoration. A fall of temperature is apt to take place immediately succeeding the hemoptysis, which lasts but a short time before a reaction occurs. It is not infrequent, also, for a persistent diarrhœa to set in early; when this happens the loss of vitality is much more speedy, anorexia is marked, and despite the will-power of the patient, the eating of food, as well as its digestion and assimilation, is well-nigh a matter of impossibility. The course of the disease is sometimes remarkably short; few cases, however, are on record of a fatal termination in less than three months from the beginning of the attack: a few cases survive the morbid process a year. The staying powers of the economy afford but a slight barrier to rapid fatality in this form of disease. The pulse is also very rapid from the outset, ranging from 100 to 120 or 130 per minute. The pulse tension, at first sometimes good, soon becomes fluctuating, and at times the pulse is quite gaseous as well as frequent. This by some observers is regarded as a *pathognomonic sign.* The nervous system is usually somewhat excited from the beginning; and in some cases sleep is very much interfered with, oftentimes more on account of incessant coughing than from any functional irritability of the nervous apparatus itself. Nocturnal sweating may not be a very early symptom, but when it does appear, is of the most persistent character, bathing the body profusely whenever a little sleep is taken, either night or day. Typical hectic fever is generally present throughout its course.

PHYSICAL SIGNS.

One great source of error in diagnosis is the absence of adequate physical signs during the earlier period of the disease. By inspection, increased respiratory movement is usually present. But frequently the well-educated ear is unable to detect by percussion and auscultation, any adventitious signs, or even any perversion of the normal sounds. Upon comparable percussion of the two sides, we more often than otherwise elucidate no information. Upon auscultation, we may be able to discover certain changes in the rhythm or quality of the respiratory murmur; such as prolongation of the expiratory murmur (which we know in health should be shorter than the inspiratory), with a higher pitch and a jerky interruption of the sound called the "cog-wheel," "paddle-wheel," "jerky or wavy," respiration. Later on, however, we find upon percussion, sensible dullness under one or both clavicles, which is usually accompanied by the auscultatory signs of loud or bronchial respiration, with a very much diminished, or inaudible vesicular quality. This may be accompanied by sounds of *fine chafing* or *crackling*, conveying to the ear either a sense of *dryness*, or *moisture*. As the disease progresses, the extension of these signs from time to time may be noted until finally they are replaced by the physical signs of disintegration and excavation, such as large mucous or bubbling rales, cavernous respiration, whisper-

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ing pectoriloquy, and the other signs denotive of ulceration and cavities. The disease process is almost always much more advanced upon one side than the other, and usually proceeds from above downward.

CHRONIC OR TYPICAL PHTHISIS.

"Chronic," "typical," or "slowly-developed phthisis," as it is sometimes called, comprises by far the greater number of cases. The premonitory symptoms, while similar to the type which we have just considered, are very much less marked and much more slowly progressive. A slight bronchial catarrh, with no deterioration of the general condition may be the only existing sign for a considerable length of time. Hence this form is sometimes called "bronchial phthisis," and by many has been supposed to consist, essentially, of the extension of a catarrhal inflammation from the larger to the smaller bronchial tubes, thence to the alveoli, and so on. After a greater or lesser length of time, the cough, which perhaps has annoyed the patient only upon rising in the morning, or after making some extraordinary effort, becomes more troublesome throughout both day and night. Gradually there supervenes more abundant expectoration of a heavy sputum, some chilliness and febrile movement, shortness of breath, and a sense of uneasiness about the chest; or, possibly, pleuritic pains which are apt to alarm the patient into the belief that he is suffering from something more serious than a cold. He may have a slight hemoptysis before any appreciable emaciation of the body has occurred, and the hemoptysis may recur at intervals of a few weeks or months. The pulse, however, is generally frequent and soft; the temperature shows a rise towards evening; and there is more or less emaciation of the body. This epoch may last, however, a year or so, the patient meanwhile being able to pursue his avocation, and attributing the occurrence of exacerbations and general disturbance to the operation of a cold. But the general health gradually fails, constitutional disturbances become more frequent, and there is now established a well-marked hectic fever, (which you will remember, is very much like an intermittent fever, consisting of exacerbations of high fever, once or twice during the 24 hours, accompanied by flushing of the face, and perhaps followed by exhausting perspiration.) The amount of sputum now expectorated is considerable, the bodily strength continues to diminish, so that walking, or slight exertion, such as ascending a staircase, becomes a difficult task, not only owing to muscular debility, but the attendant dyspnœa. There may have been during this time periods of pleuritic inflammation, characterised by acute pain and possibly by effusion of lymph, or serum, or the patient may have been comparatively free from pain. With regard to the digestive organs, many patients endowed by nature with a healthy condition of these organs, and who have not abused them, may suffer very little until a late period, from anorexia, dyspepsia, diarrhœa, etc., while others manifest derangement of the chylopoietic viscera throughout the whole course. This group of symptoms may be regarded as representing *the first stage* of the disease, (which, for convenience, is usually divided by authors into three stages.) *The second stage* is marked by an aggravation of the subjective symptoms just enumerated. Hectic fever being almost constant, there are now no omissions of a day or two, or a week, when the patient feels comparatively well. The temperature is *constantly above normal*, the sleep is broken by more or less coughing and abundant expectoration, the dyspnœa increases with the bodily weakness, until active exercise becomes impossible in many cases. Although hæmoptysis, as such, may not occur in this stage, there is frequently expectoration of bloody sputum, when hæmoptysis does occur, it is apt to be alarming. The patient, who has been more or less constipated, up to this time, requiring laxatives to secure a movement of the bowels, may now be harassed by spells of diarrhœa, which may be of such frequent occurrence as to materially hasten the downward course. All the adipose tissue of the body by this time is pretty nearly consumed, together with a great deal of the muscular. The patient's temper is very much changed. Having no adequate apprehension of his exact condition and prospects, he cannot see why this, that, or the other symptom arises to trouble him, and its advent is plausibly explained by him as due to the errors or stupidity of himself, or those around him, or to the vicissitudes of the weather. The marked subjective symptoms of this stage are: a rapid pulse, coated tongue, febrile phenomena, abundant expectoration, perspiration, extreme debility, dyspnœa with its accompanying loss of vitality, and an irascible temper. Should the patient be so fortunate as to experience a check in the progress of the disease, the febrile phenomena, perspiration, diarrhœa, and indigestion, coated tongue, incessant cough, and expectoration gradually diminish, and retrogressive action restores him to a position a little nearer the condition of the first stage. He may gain a few pounds of flesh and more or less muscular strength, so as to be able to go about, and enjoy, after a fashion, a little of life; but this is not for a very long period, as a general rule. *The third stage* is characterized, as you may well understand, by an increase and persistence of febrile movement, debility, anorexia, etc., which soon lead to a fatal ter-

mination, either by hæmoptysis or asthenia. The nervous system seems to retain considerable vigor to the last. It is sometimes astonishing what feats such patients will perform, even an hour or two before death.

PHYSICAL SIGNS.

The physical signs in the first stage are: marked dullness on percussion under one of the clavicles, or if the region of disease be in the lower lobe, in one or the other of the infrascapular regions of the chest. This is accompanied by the auscultatory signs of consolidation, such as absence of vesicular murmur, and in its stead, bronchial or tubular respiration and bronchophony. In the second stage upon auscultation there are added to these signs cavernous respiration, large mucous bubbling or gurgling rales, with more or less bronchial creaking. In the third stage the respiratory murmur seems to be entirely replaced by gurgling, whistling, crackling noises accompanying each respiratory act; while here and there, marking greater or lesser cavities (such as we have seen from the morbid anatomy, are the result of the destructive process) are heard, according to the physical conditions present, large gurgling rales, metallic tinkling, amphoric or cavernous signs. It is sometimes very interesting to mark the progress of the disease by the physical signs alone. Thus, commencing at the infra-clavicular region (the point of attack), the ordinary signs of early consolidation are sibilant and crackling sounds, which give way to fine, moist, mucous rales, then larger crepitation, gurgling rales, etc. Then cavernous and amphoric respiration with cracked-pot percussion sound, etc. Thus you can trace the disease throughout the lung even to the other one. When retrogression occurs the physical signs are no less valuable and interesting. Here we note the gradual disappearance of viscidity or moisture, and the return of dryness; the moist character from day to day growing less becomes replaced by cavernous respiration; the moist rales diminish, until we find them replaced by the dry sibilant, sonorous, or creaking rales, and so on. By inspection also we note the fixidness and falling in of the walls of the chest, in the neighborhood of the diseased portion, with a limited instead of rapid respiratory movement as before. In conclusion, I may say that the changes of moist into dry rales, of gurgling and splashing cavity signs into the drier amphoric and cavernous ones, pitch together with some lowering of the of bronchial respiration and better quality of the same, are all emphatic insignia of arrest in the destructive process.

LARYNGEAL PHTHISIS.

There has been more or less controversy as to whether laryngeal phthisis is ever a *primary affection*, or always *a secondary one*. If the latter statement be true, then we ought to expect this complication in the majority of cases of phthisis pulmonalis, and perhaps in all cases of *true tuberculosis;* but the fact is, that a considerable proportion of cases of long standing, show very little of this lesion of the larynx, notwithstanding that its lining membrane is bathed more or less constantly with the diseased sputum ejected from the lungs and bronchial tubes. The real truth of the matter probably is, that while there *are* cases of primary laryngeal phthisis, yet more often the pulmonary organs are not entirely free from disease, although not discovered, for it is very difficult to detect by physical signs, the *very commencement* of phthisis. Only in those cases where the structural changes in the larynx are far advanced over the lesions elsewhere, is it probable that the larynx is the *primary seat.*

The *subjective symptoms* are mostly referable to the organs of voice. Cough, which is an early symptom, partakes of a laryngeal character. The voice very early suffers a change, varying from hoarseness to complete aphonia. As the disease advances, more or less stridulous respiration and dysphonia become manifest, together with more or less odynphagia,(painful swallowing),and dysphagia,(difficult swallowing). These symptoms arise from the necessary movement of the swollen and inflamed larynx in the acts of swallowing and speaking. I believe with DRS. MCKENZIE and COHEN, that there are *two forms* of *laryngeal phthisis;* one, inflammatory, and the other non-inflammatory so to speak, that is, the former is characterized by great distension of the tissues of the upper larynx from exudation (especially about the arytenoid cartilages), followed by breaking down and ulceration of the same, while in the latter there is much less of this inflammatory thickening, and the ulceration, though beginning early, is mostly seated within the larynx; along the vocal cords, or about the ventricular bands, and is not surrounded by so much inflammation. The laryngoscopic appearances, or *objective signs* are also quite characteristic. In what may be called the inflammatory form, the mucous membrane of the larynx appears very red, and in the region of the arytenoid cartilages very much swollen, so that the free ends of these appear club-shaped, or pyriform, which has given rise to the technical expression of "clubbing of the arytenoids." The aryepiglottic folds, ventricular bands, and whole interior membrane are more or less involved in this swelling. In the other form mentioned, there is less general hyperæmia, the structures appearing quite pale, although a few enlarged capillary vessels may be seen coursing over the surface, here and there. Oftentimes laryn

goscopic examination shows little grayish dots disseminated over the mucous membrane, which are recognized as tubercular deposits. Subsequently, although perhaps slowly, caseation and ulceration of these spots takes place, the vocal cords, ventricular bands, ary-epiglottic folds or epiglottis seems to be the favorite seat. Later on ulceration increases, and is accompanied by more or less inflammation of the surrounding parts. The disease, in some cases, will run quite a prolonged course, perhaps from two to ten years, especially the primary type. Usually, however, the length of time is much less, for the ulceration extending to the perichondrium, or even to the cartilages themselves, produces an immense amount of destruction, swelling and difficulty in taking food (as you may see from these plates). You will observe that the several structures of the larynx are hardly recognizable. The suffering of the patient in the latter stages of laryngeal phthisis is well nigh insupportable, such a thing as relief being nearly impossible. The slightest attempt at deglutition is torture, and in some cases even the necessary respiration gives rise to agony. I know of no form of disease which the human body is heir to, that entails more suffering per hour, or per day, than does laryngeal phthisis. There is a form of laryngeal inflammation and ulceration which arises during the course of ordinary cases of phthisis pulmonalis, which comes on generally about the second stage, and does not give rise to such prominent and agonizing laryngeal symptoms as just depicted. Such cases may very properly be regarded as simple ulceration or abrasion complicating the pulmonary affection, and in the majority of cases are undoubtedly accidental to the main disease.

PNEUMONIC PHTHISIS.

As I have told you, many, and among them VIRCHOW and NIEMEYER, believed that all cases of phthisis were inflammatory, especially in the beginning, and the latter promulgated the doctrine that bronchial hemorrhage the result of bronchial catarrh was the early condition in all cases, the deposits of tubercle being a secondary process, and constituting the great danger to the life of the individual. Although NIEMEYER'S theory does not hold good generally at the present day, I mention it here in introducing this form of phthisis termed pneumonic, because I believe it explains the pathogenesis of some cases. The facts seem to be, that in most cases, catarrhal or croupous pneumonia arises more or less limited in extent, and perhaps passes through the first and second stages in the ordinary way. But in the third stage, or thereabouts, either a hemorrhage occurs, or such a reversion of the natural process as to effectually check the drying-in or reabsorption of inflammatory exudation, which, under these circumstances, becomes metamorphosed into disorganising elements, and either tubercle is deposited or a progressive breaking down of these exudative products, together with the contained pulmonary tissue takes place, giving rise to the well-marked condition of phthisis pulmonalis. Understand I do not mean that a deposit of tubercle does not ever take place early in such instances, but that it *may not*. Indeed, if a predisposition toward it exists, this event is very likely to happen, but not necessarily, in all cases, for, as already pointed out in the pathology of the subject, a degeneration, under certain circumstances, of inflammatory products is quite competent to produce this destructive process in the pulmonary tissue, with the attendant phenomena of phthisis. In some instances, *anæmia* having existed a certain length of time, may lead to abscesses, which in turn give rise to almost the same clinical phenomena. This is not an infrequent consequence of protracted anæmia in a strumous or otherwise unhealthy child. Hæmoptysis is not a very common feature of this form of phthisis, but may occur and recur to a considerable extent. The subjective symptoms and the physical signs of course show some variation, but more closely follow the aspect of catarrhal or croupous pneumonia. Typical signs of phthisis are in these cases therefore more or less obscured by the pneumonic process. We may, however, have persistent fever, nocturnal sweating, etc., from an early date. The physical signs may also be obscure at first, but soon there appear the indications of consolidation, softening, etc.

FIBROID PHTHISIS.

Fibroid phthisis is usually slow in its progress and may cover a number of years. Its pathology shows it to originate as a peri-bronchitis, which may be confined entirely to the peribronchial or adenoid tissue at first, thence spreading slowly throughout the whole pulmonary parenchyma. It is generally symmetrical, although it may be uni-lateral, and as the fibroid or connective tissue replaces more and more the pulmonary, there is developed a more persistent cough, with disturbances of digestion, etc. Indeed, the cough, which sometimes the art of man is powerless to subdue, is often the principal cause of the disturbance of the digestive organs and loss of nutrition, more than the systemic effect of the disease. The cough, which later on is accompanied by a more or less abundant expectoration, continues to the end. Emaciation, though very gradual, is as certain a sign as in the other forms, and towards the latter part of the course of the disease, we not infrequently find valvular inefficiency and dilatation of the

heart, the result of encroachments through contraction of tissue upon the cardiac space, with improper distension of vessels through tussive action. There is also more or less emphysema present, owing to the same cause. The physical signs in this variety, resemble those of chronic bronchitis. In fact, chronic bronchitis is so often associated, that the differentiation is often a matter of great difficulty early in the disease. We may suspect the true nature of the malady, however, when we hear creaking sounds here and there in thick patches over the chest, with the absence of the subjective symptoms indicating ordinary bronchitis or active pleuritis. In fibroid phthisis there may be deposits of inflammatory products, with ultimate caseation and the formation of cavities, just as in ordinary phthisis: but this, when it does occur, comes very late in the course of the disease. Although the presence of tubercle can be demonstrated microscopically after death in many cases, still some pathologists have shown that there are cases terminating fatally, whose pulmonary apparatus does not show the presence of true tubercular nodules.

MECHANICAL PHTHISIS.

Some times called "anthracosis," (on account of its frequent occurrence among coal miners) or "grinders phthisis," is a form of the disease, as its name implies, which is always the result, directly or indirectly, of inhalation of solid particles; hence we find it most common among grinders, coal-miners, moulders, blacksmiths and others who are constantly exposed to an atmosphere thoroughly loaded with solid particles. The early stages of the affection are usually preceded by a chronic pharyngitis, or naso-pharyngitis. Laryngoscopic examination generally shows at this time a dry condition of the mucous membrane in the larynx and trachea, with more or less extraneous matter deposited or imprisoned thereon—owing to the inability of the mucous glands to wash away such an amount of material. This condition offers a good clue to what is to follow, provided the individual continue the occupation. These solid particles are not only deposited in the upper air passages, but are carried also by the inspired current down into the small bronchial tubes and vesicles, where by their mechanical irritation they set up more or less catarrhal inflammation. Those which are not extruded by acts of coughing are, after a manner, absorbed by the lymph vessels and stored up, either there or in the cellular tissue of the lung—becoming, as it were, encysted. The accumulation becomes so great in places, that upon macroscopic as well as microscopic examination, a section seems almost solid with it. The course and symptoms are very much like fibroid phthisis, unless perchance acute miliary tuberculosis or extensive pneumonitis or abscess supervene to hasten the fatal termination.

HEMORRHAGIC PHTHISIS.

In some cases hemoptysis is so persistent and recurrent that it would seem of sufficient importance to class it as a special form of disease. I do not think it deserves this mark of distinction, inasmuch as it depends more on the accidental seat and course of the disease than it does on any particular course of pathogenesis, excepting, perhaps, in those persons who possess that idiosyncrasy, known to predispose to hemorrhage, called the "*hemorrhagic diathesis.*" Such persons, as you know, bleed quite readily from a cut or abrasion in any part of the body. There are certain females who suffer frequent recurrence of hemoptysis which is looked upon as *vicarious menstruation.* The loss of blood, which some of these patients will sustain, is marvelous. A patient apparently weak, emaciated, and anæmic will suffer an attack of hæmoptysis at intervals of perhaps one or two months, for a long time, the whole amount of blood expectorated at an attack amounting to perhaps a quart; and yet live along for a considerable time. I allude of course to the earlier stages of phthisis. Such a series of attacks later on, is almost certain to produce death by asphyxia. In a short time there are certain general symptoms which present themselves in most all of these varieties, and we must not forget therefore that the clinical history of the disease as given under separate captions, is merely for sake of convenience of description.

I shall now call attention to some of the prominent symptoms which have been alluded to: "Hectic fever" is an accompaniment of almost all cases. It may or may not present the commonly-known "hectic flush," (which consists of rosy cheeks.) Clubbing of the ends of the fingers is another symptom which in former times was supposed to be a *pathognomonic sign of phthisis*, but which now, on account of its presence in cases of pleuritis, emphysema, pneumothorax, cardiac and other affections, has lost the significance which formerly belonged to it. When once seen it will never be forgotten. The ends of the fingers look like birds' claws. Diarrhœa is sometimes a very troublesome symptom and while in many instances, especially when occurring late in the course of disease, it is due to breaking down of tubercular deposits in the glandulæ of the mucous membrane of the intestinal tract, it often arises independantly of tubercle from an idiopathic enteritis. In the latter instance it is more amenable to treatment, although prone

to recur at longer or shorter intervals, but in the former instance—when due to tubercular deposit—it is quite intractable, and may be the means of very materially shortening the course of the disease and the patient's life. It is usually accompanied, when due to tubercular deposit, with more or less local peritonitis, and the amount of *tenderness* on pressure is one of the very early signs of this complication; while if due to indigestion, or subacute enteritis, the tenderness on pressure is much less marked.

COMPLICATIONS.

One of the most common complications is the deposit of *tubercle* in other parts of the body, giving rise to disease with special groups of symptoms, according to the organs and tissues attacked. These deposits may take place in small amounts—and if the disease of the lungs be quite active, remain latent for a certain length of time, subsequently developing into well-marked complications. It will be unnecessary for me to state in detail the symptoms arising from such deposits in other organs, such as the liver, kidneys, brain, etc. Another complication with which we have to deal, and which requires the very best of judgment is perineal fistula. This is, as you know, the result of an abscess in cellular tissue adjacent to the rectum. Just what determines it in a case of phthisis is not settled. It is certainly not always due to a deposit of tubercle in or about this situation. Inflammation of the cellular tissue may come on very early after the access of phthisis, and taking its usual course an abscess form, which either ruptures, or is opened, and instead of properly healing the suppurative process ensues, and a fistulous canal remains. This, of course, is a matter of annoyance to the patient, according to the amount of pain caused by defecation, etc., and in nervous people the mere presence of such abnormal condition gives rise to more or less suffering and annoyance, whether painful or not. You will be implored then to cure it, and you will have to decide whether an operation for its cure be advisable or not. There was a theory that the "perineal fistula" should not be cured by operation, or otherwise, on account of the *danger* of thereby inducing *tubercular deposit* in the lungs as a consequence. The theory assumed that pulmonary phthisis bore a relationship to perineal fistule: or, in other words, that the stoppage of the issue—which perineal fistule may be said to amount to—reverted to a phthisis pulmonalis, is not altogether accepted at the present day. There are facts, having come under observation from time to time, which have instructed us that there is a certain connection between perineal fistule and an actual expression of disease in the pulmonary organs. Very often, undoubtedly, in such cases, the pulmonary disease either pre-existed in a latent state, or developed accidentally: therefore, if one has reason to suspect such a condition, an operation for the cure of the fistule may be properly postponed, unless the robust condition of the patient and the activity of his assimilative functions clearly warrant it. In cases where no evidence, either subjective or objective, of pulmonary disease exists, I believe there is no question about the propriety of closing the perineal fistule.

Cardiac disease is sometimes a very troublesome complication of phthisis. The heart generally becomes atrophied in cases of long-standing phthisis; and if there be any disease in the valves or orifices to obstruct its action, we can readily see how such a condition would act in engorging the pulmonary vessels, and why the disabled heart thus failing to do its duty, would promote the progress of the pulmonary disease. This manifests itself, not rarely, by numerous hemorrhagic infarctions, perilous dyspnœa, or attacks of syncope, especially after severe fits of coughing; besides this, frequent paroxysms of asthma may arise, very much to the discomfort of the patient. Peri-carditis is quite infrequent as a complication of phthisis, but endo-carditis more often occurs.

Tuberculous abscesses sometimes form, either superficially or deeply. The exudates, instead of undergoing the ordinary course of caseation and liquefaction, may give rise to active inflammation in a part, and lead to the formation of an abscess. During the formation of the abscess, the general morbid phenomena are very much aggravated, and should it be of considerable size and burst suddenly into a bronchial tube, there is some danger of sudden asphyxiation, on account of the inability of the patient to expectorate sufficiently.

PLEURITIS.

In almost all cases of phthisis we encounter more or less pleuritic inflammation, but usually this comes on slowly, and is of such limited extent as to offer no great inconvenience to the patient, excepting from increased dyspnœa and pain. Once in a while, either from tubercular or inflammatory deposit upon its surface, and perforation, or, from extended inflammation, considerable serous effusion may take place. This, as is obvious, compresses the lung on that side, and very greatly compromises the respiratory power of the patient, and, if he should be very weak or exhausted, may lead to speedy death unless the pleural cavity be evacuated.

Cerebral meningitis sometimes comes on in young subjects, in such a latent manner as to avoid detection; and, indeed, we may not be apprised of the fact until delirium or coma supervene. It sometimes happens, when this

complication is considerable, that the mania requires the removal of the patient to an asylum or hospital where such diseases are treated. It will almost always, by a derivative action, so to speak, reduce the pulmonary disease to a period of latency. I call to mind a case which I had a few months ago, in the second stage of ordinary chronic phthisis. The patient was seized with meningeal inflammation, which necessitated removal to an asylum. During the period of her confinement there—some six or seven months—a complete subsidence of the pulmonary disease took place, which afterwards recurred, and subsequently caused her death, about a year afterwards.

Pregnancy.—This, I am sorry to say, is a very common complication of phthisis. It has fallen to my lot, on several occasions, to deliver women, far advanced with pulmonary phthisis, of living children. During the period of gestation, it would seem as though such a draft were made on the economy for the support and development of the fœtus as would result in the speedy disorganization of the pulmonary structures, but such does not seem to be the case. Nature, eminently conservative in her measures, seems to supply some supplemental fountain of nutrition; for, according to my experience, which corresponds with the experience of the majority of practitioners, I believe, the progress of the pulmonary disease, though not checked, is even materially slackened. But when exceptions to this do occur, the phthisis usually progresses with increased severity. Whenever pregnancy happens under these circumstances, there is no occasion for the production of abortion, however much we may deplore the prospect of such a child being born into the world. Our duty, in the light of clinical experience, is simply to look on, and by measures of increased nutrition endeavor to guide the period of gestation and parturition through to a favorable termination.

Syphilitic manifestations sometimes arise in the course of cases of phthisis pulmonalis. It is very difficult, in cases of the local expression of the disease in the throat, to determine exactly whether the mischief be due to *phthisis* or *syphilis*. When, however we have reason to believe that the poison of syphilis is antecedent in operation, we should give it due deference, and perhaps suspend other treatment for the purpose of giving a special constitutional course of anti-syphilitic remedies. No rules, however, can be laid down for your guidance in this matter. It must be left to your individual judgment and knowledge.

Acute Rheumatism.—I have had a few cases of acute rheumatism come on in the course of this disease. Although a complication which is quite infrequent, we must be prepared to meet it. The question comes up always, as to whether in a given case we have to deal with acute rheumatism, or tuberculous or scrofulous inflammation of the joint. The clinical phenomena, which it is not necessary for me to enumerate, will, I think, be a sufficient guide for your decision and the adoption of a suitable plan of treatment.

TINEA DISCRETA OR SCABIES (?).

BY JAMES H. DUNN, M. D., SHAKOPEE, MINN.

In answer to DR. MORDEN'S query in No. 2 of the AGE, relative to scabies, I would like to report my experience of the past few years, during which I have practiced in a thickly-settled rural district, mostly inhabited by Germans and Irish.

About three years ago I began to meet with many cases of a peculiar, intensely-itching skin disease with a very varied eruption, and which seemed to be quite generally contagious, though many members of large families did not contract it. From two to four members of families of six to twelve persons were commonly affected, though often, after four or five weeks, other members began to scratch. Widely disseminated papules, vesicles, pustules, occasionally ulcers, and the most varied eczemas were observed. At first my diagnosis was scabies, and my treatment as follows:

℞ Gummi tragacanthæ, gr. xxx.
Sodii carb., ʒ iij.
Flor. sulph., ʒ vij.
Glycerini, ʒ x.
M.

Sig. Take a warm bath and apply thoroughly to the whole surface of the skin for four or five successive nights.

The patients mostly lived some miles from my office, and were usually seen but once, but I soon learned that the treatment was very unsuccessful. The lesions, too, were so varied and different from those in the few cases of scabies with which I had before met, and my knowledge of dermatology was so limited that I concluded the diagnosis to be erroneous, and wracked my brain for several months to solve the mystery. I soon learned that my several colleagues, too, were puzzled, and much was heard in the neighborhood gossip about the "peculiar skin disease" with which certain neighborhoods were afflicted. Unable to make a satisfactory diagnosis of many of the cases, the above prescription was continued. Occasionally one reported a cure; some said they were better, but not cured; others reported that it made them worse, and had stopped all treatment. I may add that the class of people afflicted ordinarily applied to the same physi

cian but once, and were rarely seen again for weeks or months. Thus it came to pass that under the use of this prescription, procured of me by a number of families, and by them distributed to penurious neighbors ever desirous of saving a consulting fee, the unfathomably mysterious (!) skin disease was kept pretty well suppressed, but not eradicated from the infected communities.

Two years ago I left for the continent to further pursue my medical studies, and while in Vienna spent some three months in attendance upon the excellent skin clinics there, and thus had opportunity to see large numbers of cases of scabies, in various stages and constitutions. I need not say that I was not long in recognizing the familiar but varied countenances of my old cases, and as I saw Kaposi point out case after case of scabies which had been treated for weeks or months, even in that medical centre, upon a false diagnosis, I was somewhat less ashamed of my former errors.

On my return home last fall I found that the "old scratch" was still abroad in the land, and had considerably increased its field of operations, though my brother, who had taken my practice, had recognized the disease, even finding the insects and furrows in cases which had been under treatment by a physician for three months, and relieved the few who applied to him, using the above treatment, but attending carefully in person to the details of its execution. Since then I have treated some 40 or 50 cases in about a dozen families, at first with the above prescription, but lately with naphthol, and after proper and persistent care all have been cured. I believe that I have obtained some "pointers" which, while by no means new to medical science, are, perhaps, not fully understood by many practitioners and readers of the AGE. Mind, please, that I am far from claiming that there is anything new under the sun about the itch, but it seems that some of us are not quite familiar enough with some very old ideas regarding scabies, since in most countries cases of the tormenting disorder go undiagnosed for months.

1. The diagnosis of scabies is not always so very easy a matter as is sometimes supposed. When it has existed for weeks or months in uncleanly persons, especially in winter, when heavy clothing is worn, it is complicated with a great variety of eczemas, pustules, ulcers and dermatitis, which may obscure the original causative disease. In such epidemics as the one of which I speak, it should be borne in mind that the parents, or other practitioners, having already suspected scabies, have often used other parasitic remedies sufficiently to obscure the traces of the acarus scabiei and increase the eczemas, without entirely removing the insect from some members of the family, and thus reinfection often follows before the complicating eruption fully disappears. In short, it is too often assumed that anybody can diagnose and cure itch without the least difficulty, and when a few inunctions of a sulphur ointment fail to cure a skin disease, it is, consequently, not scabies. In my cases, too, the hands, so often the chosen regions of examination for diagnostic purposes, were rarely much affected, and very often not at all. A much better locality in which to search for insects and furrows, is the skin of the genital organs, *e. g.*, the prepuce. The true pruriginous eruption consists of minute papules and nodules, from the size of a pin-head to a small split pea, widely disseminated over the trunk, arms, forearms and thighs, and not clustered together as in lichen. From scratching they become torn, bleed, are covered with crusts or capped with pustules, and in patients with a tendency to eczema that affection is sure, sooner or later, to complicate matters.

I have observed this winter cases of papular eczema occurring in persons never before attacked with skin diseases who, after severe exertion and sweating in loading timber, rode home ten or twelve miles distant, to be attacked upon the back and thighs, and to less extent upon the arms, with an intensely itching eruption, occurring only upon parts covered by the red flannel shirt. Whether the coloring matter of the cheap flannel had anything to do with it I cannot say, but a change of shirts and hygienic treatment cured them. Several cases of scabies presented an almost identical, complicated eruption, perchance due to the same cause, perhaps due to scratching caused by the itch, were also observed.

The eruption occurring on the hands and finger ends is usually vesicular, the small round vesicles containing a clear serum, and often surrounded by a reddened base, but I have found it so often absent, or but very sparsely distributed upon the hands of laborers in winter, that it is not much to be depended upon; the papular eruption is, on the contrary, always to be found widely distributed over the body, and only obscured by the complicating eruptions and lesions caused by scratching and the irritation of filth.

2. In treating at their homes such nests of scabies as we have had here, it is well not to count upon rapid cures in three or four applications. It may be very practicable to take isolated cases into a hospital, strip, bathe and anoint them, thus killing all the insects in two or three days; but in large, ignorant, dirty families, especially when complicated with eczema or impetigo, prolonged and careful tratment is often necessary to eradicate it.

As to treatment, sulphur is probably as good a remedy as any, but the baths and alkalies

used to soften up the epidermis are likely to aggravate concomitant eczemas, and it becomes necessary, after three or four thorough applications, to cease, and begin appropriate treatment for the latter disease, which may continue from a few days to a few weeks, all the time keeping a keen watch for the possible return of the parasitic eruption.

I believe a better treatment, however, is that which I saw used in the Vienna clinics, and am now using, viz.:

℞ Axung., 100 parts.
Sapon. viridis, 50 parts.
Naphthal., 15 parts.
Cretæ alb. pulv., 10.
M.

If desired, it may be perfumed.

The patient is stripped and thoroughly anointed from head to foot, clad in woolen clothes, and after three days given a thorough bath, and clean clothing, and appropriate treatment instituted for any secondary lesions, *e. g.*, eczema, etc., if necessary. To make assurance doubly sure, I often make a second application after a few days, especially where children of a large family are under treatment, and keep an eye on the family for two or three weeks, in view of possible relapse.

BY C. C. COOK, M. D., DAVID CITY, NEBRASKA.

I noticed an article in the Jan. 26th number of THE MEDICAL AGE, from DR. MORDEN, on the "Prevalence of Scabies." The disease which he describes is, undoubtedly, the same that is prevailing throughout this section of country at the present time. Like him, I am at a loss for a name for it. The laity here call it "prairie itch," and if it is not true itch it is a first cousin to it. DR. MORDEN has given a very good description of the disease as it appears here.

In the matter of treatment, I have found internal remedies of no value whatever. I was baffled for some time with external remedies until I chanced to try citrine ointment, which has proved a specific in every case in which I have tried it thus far. I use the ointment of full strength for adults, but for children I mix it with an equal quantity of cosmoline. It should be applied to each point of eruption, and, if followed up faithfully, usually cures the disease inside of a week. I think it best to precede the use of the remedy with an alkaline bath. I would like DR. MORDEN to try this remedy and report his success with it.

BY J. W. COLLINS, M. D., TORONTO, OHIO.

In answer to DR. MORDEN'S question regarding a peculiar eruption resembling lichen in some respects, I wish to say we have had quite a number of cases here, and for a time they gave me more trouble to treat than any slight ailment I ever met. After applying the usual round of local applications with little or no relief, it occurred to me to analyze the urine in a few cases, and, finding the solids below the normal, also the secretion less in quantity than in health, I began with diuretics, giving the following mixture:

℞ Potas acetatis, ℥ ss.
Ether nit. dulcis,
Tr. cubebæ, ää ℥ i.
Syr. simplicis, ℥ ij.
M.

Sig. Teaspoonful four times per day.

In every case, in two days improvement was experienced and in one week a cure effected. Cleanliness of person, with frequent changes of clothing, were insisted upon, while to allay the intense itching the patient was directed after washing with alkaline water, to bathe the parts affected with spirits of camphor.

Will some one please give the pathology?

BY J. DETTIKER, M. D., PLATTEVILLE, WIS.

I notice in the AGE for Jan. 26 that DR. M. R. MORDEN has had some difficulty in treating a skin eruption which is prevalent in his section. From his description it is quite similar to cases which have occurred in my practice.

I have, probably, treated upwards of thirty cases within the last three years. Previous to that time I don't remember of meeting a single case. I depend mostly on external treatment, and have very seldom failed to cure with an application of bichloride of mercury 2 grs. to the ℥. Apply at night, requesting the patient to take a warm bath every other day. In one case I remember, the cure was complete except upon a small portion of each arm, where the disease seemed to be aggravated. I stopped the bichloride and used a soothing ointment, when it soon disappeared; showing that the mercury had been too long continued.

BY C. A. WISNER, M. D., COLUMBIAVILLE, MICH.

I notice a communication from DR. M. R. MORDEN, of Adrian, on the Prevalence of Scabies. There have been a great number of cases of a skin disease in this section during the past year. It has seemed to be endemic in some schools and localities. Different ones have called it the itch, salt rheum, herpes, eczema, etc.

From my observation in treating the disease I think impetigo contagiosa would be a proper name for it. As for the treatment, I have my patients use carbolic toilet soap when washing the hands and face. If the eruption extends to

the body, have all parts affected bathed night and morning, using carbolic soap freely afterwards and applying a little citrine ointment to the eruption. For women and children with delicate skins I dilute the citrine ointment with petrolatum, making it one-half or two-thirds petroleum, as I think the case requires.

Internally I give, according to the age of the patient, one-fourth to one teaspoonful of the Alterative Compound (P. D. & Co.) every four hours. This compound is one of the best alteratives for all blood and skin diseases I know of. This treatment has been extremely satisfactory in my hands.

BY WILBUR F. HOYT, M. D., COLUMBUS, OHIO.

You omitted a most important part of my communication in the AGE of 10th inst., viz., that regarding the pathology. In my letter I spoke of the fact that the disease was due to the presence of a parasitic fungus, a description of which would appear with my thesis. I also said that, inasmuch as it is due to a vegetable parasite, it should be classed with the Tineæ; accordingly I had tentatively named it *Tinea discreta*. If these facts had appeared in my letter in your last issue, the subject of *treatment* would have been more intelligible, and the vague references to "spores," "parasiticides," and the like, would have been better understood. Doubtless the omission was a typographical mistake; will you kindly correct it in your next issue?

BY A. CRULL, M. D., DITTMER'S STORE, MO.

In reply to the article on "Prevalence of Scabies," from DR. M. R. MORDEN, in the AGE of Jan. 26, I would say that a disease resembling itch, and described by DR. MORDEN, has been and is still prevalent in this part of this State to a large extent. Sulphur, carbolic acid and similar remedies only give relief for a short time, but do not effect a radical cure. The external application of a lotion of sulphuret of potassium, ʒ ii to ʒ iv to a pint of water, has in my hands, as well as in the hands of my professional friends in this county, never failed to affect a cure. This lotion is applied at bedtime to the affected parts, and repeated on the following nights. Before applying it, the parts are well washed with strong soap-suds. No internal treatment is used.

OIL OF WINTERGREEN IN THE TREATMENT OF ACUTE RHEUMATISM.

BY J. A. WESSINGER, M. D., HOWELL, MICH.

During the past week two cases of acute articular rheumatism came under my observation, in which the local application of the oil of gaultheria was accompanied with very gratifying results.

On January 31st, I was called to see Mr. J—., who had always enjoyed good health, and had never been addicted to the use of alcoholic stimulants. I found the patient suffering from acute articular rheumatism at the right ankle-joint, and also in the great toe of the same foot. Pulse 85; temperature 100°. I immediately ordered local applications of the oil of gaultheria to the painful joints every hour, and the limb wrapped in woolen cloth. At noon, or four hours from the time I first saw the patient, the pain had not abated in the least; other symptoms about the same. I then ordered the ankle and toe to be saturated with the oil every half hour. At night I again saw the patient, at which time the rheumatic pain had very materially abated, and the swelling quite perceptibly reduced. I ordered the treatment continued the same as before. On the morning following, the patient was able to walk with very little discomfort and was otherwise feeling quite well. At this visit I discontinued the case.

Case 2.—P. E—, æt. 8, has always been quite healthy until the morning of February 3rd, when he was taken with severe pain and swellin the knee- and ankle-joints of both limbs. I saw the patient on the afternoon of the same day, and, from the condition as presented, my diagnosis was acute articular rheumatism. Temperature 102°: pulse 90. I immediately ordered local applications of the oil of gaultheria every half hour, and the limbs wrapped in woolen cloth. I also ordered grain-doses of sodium salicylate in solution, as an antipyretic. On the morning following, patient thought the pain less intense than on the day previous. Temperature 101½°; pulse 90. Treatment continued the same as before.

February 5th.—Patient is able to walk and feels much relieved; pain almost entirely gone; swelling reduced; temperature 101°. I ordered local applications of the oil continued, and increased the dose of sodium salicylate to two grains every hour, under which treatment the temperature came down to normal during the succeeding twenty-four hours. From this date the patient made a rapid recovery. Should other cases of this difficulty present themselves in the future, I shall administer the oil of gaultheria both locally and internally. I certainly see no reason why much good cannot be done in these cases by the internal administration of this remedy.

Oil of wintergreen, although only recently introduced in the treatment of this malady, promises to be a very valuable addition to the therapeutics of acute articular rheumatism. Its action in this condition is, no doubt, owing to the salicylic acid which it contains, since we learn in chemistry

that one of the most interesting compounds derived from wood-spirit is the salicylate of methyl, or oil of wintergreen, which is extracted from the flowers of the *Gaultheria Procumbens*, and was one of the first vegetable products to be prepared artificially by the chemist. It is obtained by distilling wood-spirit with sulphuric acid and salicylic acid, the latter acid being formed by the action of fused hydrate of potash upon salicin extracted from willow bark.

A SINGULAR MONSTER.

BY S. BAILEY, M. D., MOUNT AYR, IOWA.

Not long since a gentleman called at my office and informed me that I might look for a call to his house at any hour, day or night. He explained by saying that his wife was pregnant and the time was up or past a week. I inquired carefully of him the facts and from his statements, which seemed pretty accurate, I concluded that he must be right. About two or three weeks after I was called to his house and found his wife in the early stages of labor. She is a young woman 23 years old, and this her first pregnancy. From my arrival everything seemed to progress normally, labor being completed in eleven or twelve hours. There was no trouble with the placenta and no hemorrhage. The child, when born, had at first sight the appearance of having its head bruised or flattened on the top, very little of the outlines of the head rising above the ears. The eyes were quite prominent or bulging. There was cleft palate and the nose quite flat and no septum nares. The neck and chest normal. The arms and forearms were normal, but each hand had four fingers, no thumb being on either hand, and really there seemed to be no place for a thumb, the first metacarpal bone of each hand being absent. The lower limbs were normal, except that the fourth and fifth toes of each foot were turned directly outward.

The strangest part of this curious little creature was its generative organs. There was nothing special to show whether it was male or female. About an inch below the pelvic arch there was a small opening about an eighth of an inch in diameter; on either side of this opening were two folds of skin resembling the labia majora, and inside of these could be felt two small bodies which from their size and form I took to be the testes. Surrounding the opening in all directions was a small surface of mucous membrane. Through the small opening the meconium passed; below the opening the surface was smooth, marked in the centre by the median raphe which passed over the anus. There was also an imperforate anus, the surface where there might have been an opening being covered by a smooth, natural-looking skin. The little curiosity lived twelve days; it could not nurse, and could hardly take any nourishment. Small quantities of diluted milk were occasionally dropped into the mouth. It died of inanition the twelfth day. The father and mother are both strong, healthy, and well-nourished, and why such an offspring should be born to them I am unable to understand, as I cannot believe in that peculiar "superstition" (perhaps "theory" would be a better term) that any objects seen, or frights, strange stories, etc., have any influence in moulding the form of the unborn babe. But to those who do believe in such things, I will say for their consolation, that the mother of the creature just described, during the early months of pregnancy visited a museum, and saw all the strange sights usually kept in such places in large cities. Her attention was mostly attracted to a large cage filled with monkeys, and she was very much interested in their antics. Will some profound theorist explain the cause of such a strange birth?

DETROIT MEDICAL AND LIBRARY ASSOCIATION.

Regular meeting, Jan. 19, 1885.

Meeting opened by President INGLIS, who occupied the chair.

22 members were present.

DR. CARSTENS exhibited a large encephaloid of the breast, the growth of but six weeks. The tumor, when on the patient, was very red and filled with tortuous veins. The axillary glands were not infected so far as could be ascertained.

The specimen was referred to DRS. M. P. MANTON and DUFFIELD for a microscopical diagnosis, said committee to report February 2d.

An interesting slide of the muscle of ALBERT VETTIE, the victim of eating trichinous pork in Niles; also a few sections of lung in the stage of red hepatization were shown by DR. GEO. DUFFIELD.

DR. W. P. MANTON read a paper on:

THE PROPHYLACTIC TREATMENT OF OPHTHALMIA NEONATORUM, of which the following is a synopsis:

At the suggestion of PROF. CREDE, of Leipsic, DR. MANTON published in the American Journal of Obstetrics, Oct., 1883, a report of the treatment of this disease prophylactically, as then proposed by CREDE. Since then he had seen a large number of cases treated by this method, and a number of papers have appeared both in this country and abroad, giving the experience of the observers. The frequency of

the disease as a cause of blindness has been found in the various asylums of Germany and Austria, to vary from 33 to 75 per cent. It is, undoubtedly, less frequently seen in the United States; but still it is met with often enough to make it an object of dread.

The frequent fatal results to the eyes are, probably, due to the fact that cases suffering from the disease are brought to the notice of the physician too late for treatment to be of any use. Thus, a Dublin physician reports a case where the mother brought both the lenses and the humors of the child's eyes in a wine-glass, when applying for relief.

If the importance of sore eyes in the baby could be impressed upon mothers and nurses, and cases could be treated from the beginning, the results would be far from disastrous. Not every inflammation of the conjunctiva is a purulent ophthalmia, yet, at the start, it is difficult to determine whether the conditions are vicious or harmless.

Ophthalmus-blenorrhœa begins several days after birth. Of 1092 children, there 52 cases of the disease. Of these 52 cases, only two developed on the ninth day after birth, the greater number being attacked before the fifth day.

We may, then, safely say that all cases attacked after the fifth day are due to infection after birth, from dirty hands, lochia, etc. The first symptom noticed is a slight reddening of the skin of the upper eye-lid, accompanied by a watery discharge from the eye, and photophobia. If the conjunctiva is inspected, it will be found reddened and velvety. By the next day, or even in a few hours, the lids, particularly the upper, will be found swollen and livid, and the secretion, becoming more and purulent, is poured out in quantity. The lids often become glued together by this dried pus along their edges, and the pent-up and increasing secretion behind causes them to bulge forward. If, at this stage, the lids be carefully drawn apart—and the greatest care is necessary, lest the cornea, perhaps already damaged, be ruptured—the conjunctiva, bathed in pus, will be found greatly injected, and hæmorrhage will occur, even with the most tender handling. Treatment, heretofore, has been either domestic —such as applications of human milk, placenta, salves, etc.—or professional and more radical, by caustics.

Investigation proves that this disease is caused by a specific virus, which is identical with that of gonorrhœa. The presence of Neisser's gonococcus is found in all these cases. As a predisposing cause, CREDE mentions a protracted second stage, and premature rupture of the membranes. Anything over *one hour* is protracted. The great frequency of this disease in CREDE's clinic and poliklinics, led him to turn his attention to its prophylactic, or preventive treatment. His first attempt were directed to the mother. Each pregnant woman entering his hospital with gonorrhœa or leucorrhœa, had the vagina washed out with an antiseptic solution, at frequent intervals; the lying-in had the vaginal douche every half hour. This diminished the frequency of ophthalmia neonatorum somewhat, but yet was not altogether satisfactory. Attention was now turned to the child, and a weak solution of borax (1:60) was dropped into the eyes. This, again, not proving successful, in December, 1879, C. left off washing out the vagina, and began cleansing out the eyes of the babe with a solution of salicylic acid (2:100). A single drop of a solution of nitrate of silver (1:40) was then allowed to fall between the lids, and the eyes were kept cool for twenty-four hours by pledgets of cotton wet in the two-per-cent. salicylic acid. This latter was soon abandoned, however, for it was found that from carelessness and improper attention of nurses, the cotton would often become dried to the lids, and require soaking to be removed.

Finally, a two-per-cent solution (1:50) of nitrate of silver, was used after the bath, and no further attention paid to the child's eyes. This treatment reduced the percentage of the disease of O. in CREDE'S clinic. The reports from other observers, including ZWEIFEL, of Erlangen, LEOPOLD, of Dresden, and GARRIGUES, of New York, are decidedly favorable to the method. This is so simple that it becomes the duty of every hospital for lying-in, and every accoucheur, to employ it.

The modus operandi is as follows: After the child has had its bath, the edges of the lids should be carefully wiped with a clean bit of rag, wet in plain water, care being taken that all smegma be thoroughly removed. Then the lids should be carefully separated by the thumb and forefinger of the left hand, while the right allows a single drop of the two-per-cent. silver solution to fall from the dropper upon the middle of the cornea, from which it is diffused over the whole conjunctiva and sac. With a clean bit of rag, wet in water, the eyes should again be wiped and dried, to remove any of the silver solution which may have found its way outside.

DR. LUNDY heartily commended the paper and its valuable contents. Within the past three months he had seen six eyes which had been thus affected and all but one were lost. He thought that prophylactic treatment was necessary, especially in cases where syphilis or gonorrhœa or vaginitis had existed previously. Statistics in the Eastern New York blind institutions show that 30 to 40 percent. of cases have lost their eyes from ophthalmia neonatoriem.

The doctor thought this treatment well worthy of trial by all practitioners.

DR. WARNER thought the treatment should be pushed in lying-in institutions. The disease rarely occurs in private practice.

DR. CHASE: It is the subsequent treatment that we have to do most with in private practice. Here in Detroit the disease is exceedingly rare among the poorer classes. There have been but three cases out of 250 confinements in the Wayne County House. I think the recommendation of DR. MANTON a good one.

DR. E. SMITH said that the report of CREDE'S observances, as read by DR. MANTON, was very complete. He endorsed the statements made. Many eyes could be saved provided physicians knew the treatment of ophthalmia neonatorum and began it *at once*, before the cornea becomes affected. A solution of arg. nit., five grains to the ounce should be applied twice a day, on the everted lids. The lids should also be anointed with vaseline ointment so as to prevent the retention of discharges. With such treatment no eye should be lost. Listerism in all lying-in institutions prevents puerperal fever and ophthalmia neonatorum.

DR. CARSTENS urged that all physicians should take care and be ever watchful of the new-born's eyes.

DR. MANTON said that he was with CREDE when he was practicing Listerism in his lying-in wards, and said that CREDE made his experiments faithfully, and when ophthalmia neonatorum existed it was greatly reduced. The inflammation was, no doubt, due to the gonococcus, which CREDE has found in every case.

DR. LYSTER had seen a case of the disease in which the mother had contracted gonorrhœa from her husband, and the child's eyes became affected.

DR. MANTON: Normal lochiæ or simple leucorrhœa will not produce ophthalmia neonatorum, but the gonococcus never fails in producing it.

DRS. MCGRAW, CARSTENS, LYSTER, LUNDY, and others made further remarks and then DR. LUNDY read a paper on

THE THERAPEUTIC USES OF THE OLEATE OF COCAINE.—The first advantage of the oleate over the hydrochlorate is, that it is less expensive. It has greater strength and acts more quickly than a corresponding amount of the hydrochlorate. The doctor had made numerous experiments with the oleate, and in all cases it worked nicely. In a case of granular ophthalmia with ulceration of the cornea and spasm of the lids, it reduced the pain, stopped the spasm and gave the eye rest. In phlyctenular keratitis, with considerable amount of spasm, the oleate of cocaine controls the lids and gives the cornea rest. The oleate with atropia acted well. The oleate had been used with gratifying results in cases of traumatic keratitis. When given in strong doses there is a change in the vasomotor system and the eye grows anæmic.

DR. E. SMITH agreed with DR. LUNDY in the use of the hydrochlorate of cocaine. It reduces the spasm and is productive of the loss of fear of light in cases in which photophobia was a constant and distressing symptom. The first drops in the eye do not seem to affect the iris, and after the cornea is opened, as in case of iridectomy, a drop or two is allowed to go down into the wound, causing the desired anæsthetic effects on the iris. DR. SMITH thought the oleate of cocaine would take longer in its action than the hydrochlorate, but DR. LUNDY said it was shorter, and the oleate acted upon the iris without an incision.

DR. LUNDY said he had also used the hydrochlorate of cocaine in a case of spasm of the œsophagus. A man had swallowed an oyster and piece of shell, which he said was sticking in his throat. Dr. L. tried to introduce a bougie, but the throat seemed too sensitive. He then gave the man five grains of the hydrochlorate of cocaine in a teaspoonful of water, and in a few minutes passed in the bougie and felt the obstacle. He removed the bougie and put on the cap, passed it down and in drawing it back removed the oyster. This was done without pain to the patient, the œsophagus being wholly anæsthetized.

DR. MCGRAW had assisted DR. TAPPEY in making an examination previous to œsophagotomy, and before the examination the throat was sponged out with a 5-percent. solution of the hydrochlorate of cocaine, but seemed to have little anæsthetic effect.

The name of DR. C. B. GILBERT was then referred for ballot, and the doctor was unanimously elected to honorary membership.

The name of DR. LUCY UTTER was proposed by DR. DEUEL. Referred to the Advisory Council.

Adjourned.

GEO. DUFFIELD, M. D.,

Secretary.

REGULAR MEETING, February 2, 1885.

The President, DAVID INGLIS, M. D., in the chair.

Dr. W. P. MANTON exhibited under the microscope a slide of gonococcus mounted at the laboratory of DR. ABBOTT, of Baltimore.

DR. CARSTENS exhibited the mammary tumor shown at the last meeting; it had been cut across and the growth of the tumor into the healthy tissue was clearly shown. DRS. MANTON and DUFFIELD, the committee appointed at the last meeting to examine into and report

the microscopic character of the tumor, reported that the tumor was an encephaloid carcinoma. In some parts of it connective tissue predominated and it approached the scirrhus type.

DR. CARSTENS said that in removing the tumor he had cut away the tissue for quite a radius around it. The axillary glands were not enlarged and he did not remove them. The German practice is to extirpate these glands, whether enlarged or not, but he could not see the necessity of such a procedure. He would, however, have cauterized the surrounding tissue, had it occurred to him, and he regretted that he had not done so.

DR. CHAS. DOUGLAS read a paper on "Fracture Dressings" (DR. DOUGLAS' paper will appear in the AGE of March 10).

DR. MCGRAW thought the chief objection to the dressing was its weight. The application resembled the Bavarian splints as used in Munich and elsewhere.

DR. J. G. JOHNSON thought than gangrene might be very readily produced, but DR. DOUGLAS did not think it hardly possible.

DR. ROBERTSON thought the new dressing could be used with good results in fractures of the nose, and proposed to try it with his next case.

DRS. HOYT and CARSTENS could not see the great advantage of this splint over the roller and the other splints.

DR. DOUGLAS reported a case of hydatids, mistaken for a miscarriage at three months. The cysts collapsed and he was unable to exhibit them before the Association as he had hoped to do. He had also seen a man who had passed hydatids from the bladder, some of the cysts being perfect.

DR. MCGRAW reported a case of fibroid of the uterus. There was nothing particularly remarkable about the case, except to show the hereditary tendency. The mother had had an ovarian tumor.

At a recent meeting, DR. LYSTER, in a report of a case of adenoma mammæ, had related the history of the patient's family. It showed a remarkable tendency to the development of tumors of various kinds in several members.

DR. MCGRAW thought the idea that tumors when hereditary were always of the same character, a mistake. Hereditary influences predisposed to the development of tumors, but they would not necessarily be of the same kind. His theory was that all tumors were related—that fatty tumors, for instance, were related to cancers, and that malignancy was but a difference of degree.

DR. ROBERTSON reported a case where a woman had also passed hydatids, most of which were small.

DR. INGLIS said: It may seem a simple thing to say, but all know how the hair will mat and tangle after a woman or child has lain in bed for some weeks, and the only way there seems to be to get it straight, is to cut it off. I had a case of a child whose hair became matted and tangled, and an old lady suggested to the mother to wash the hair in alcohol and brush it out—not using a comb. In this case it worked successfully."

DR. DOUGLAS said that in cleansing false hair in hair-stores, gasoline is used, and it does its nicely.

DRS. C. P. FRANK and LUCY UTTER were elected to active membership.

GEO. DUFFIELD, M. D.,
Secretary.

Correspondence.

REMEDY FOR CHORDEE.

I notice in a late number of your valuable journal an article on the use of chloral hydrate in gonorrhœa. For two years I have been using chloral hydrate gr. x, potas. bromide gr. v–x to aq. dest. ℥ i as an injection for chordee, and have *never* known it to fail of affording perfect relief. I usually add morph. sulph. gr. ij to the ℥ i.

I do not think from my observation that chloral hydrate, or this mixture of my own, is indicated in all stages of the disease, but when chordee comes on, I can confidently recommend the use of it, and usually no other injection is needed afterwards.

MORRIS C. L. KITCHEN, M. D.
E. SAGINAW, Mich.

In a recent issue of the *North Carolina Medical Journal* an interesting case of laryngeal dyspnœa, occurring during diphtheria and relieved by quebracho, is reported. A child eight years of age, in the tenth day of the disease, had urgent orthopnea, which was so violent that tracheotomy was thought of. Quebracho was ordered in ten-drop doses, to be repeated every half-hour until relief came. Unexpectedly, vomiting ensued, large shreds of gray and gelatinous sputa stained with blood were expelled, the breathing became free and normal, and the patient slept. The heart's force was rather made stronger by the medicine. Two similar attacks were promptly relieved by the quebracho, in each case vomiting following its administration.

The Medical Age.

A SEMI-MONTHLY REVIEW OF MEDICINE.

JOHN J. MULHERON, M. D., Editor.

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Editorial.

NEW REMEDIES.

The origin of this term, in the signification which now attaches to it, is of comparatively recent date. While prior to the last decade an occasional addition was made to the list of drugs, these additions were so infrequent, so much the result of accident or chance, and excited so little general attention at the time of their introduction, that the idea of classifying them under a distinctive head never suggested itself. Prior to this time the improvement of the materia medica may be said to have been exclusively in the hands of physicians, who, engrossed in the details of their practice, gave only incidental attention to this important work, while pharmacists were content to confine themselves to the preparation of such drugs as were called for in prescriptions. A very important change has, however, taken place within the past ten years. Pharmacy has asserted her claims to recognition as a profession, and while still acknowledging her subordination to medicine proper, she, nevertheless, declares that materia medica is her special province, and that it devolves in her to present to the physician, in eligible form, such medicinal treasures as nature may have in her storehouses. These claims are, moreover, now never disputed by the medical profession.

In entering upon her newer and enlarged field, pharmacy brought with her the enterprise and capital of the business man, with whom she had from the beginning been intimately associated. The result was an activity in this field which was unprecedented, and there were placed before the medical profession, within a comparatively short time, a very considerable number of "new remedies." This unwonted activity in the new field, was in such contrast with anything which had been known when the medical practitioner had charge of the materia medica, that some affected to feel alarm lest the ancient and honorable foundations of medicine might be impaired by the innovations. Aroused by this activity, the "conservative" men in medicine thought it necessary to sound the tocsin of alarm, and not infrequently the pessimists would rise in medical meetings, and hold forth in medical journals, against the evils, present and prospective, of permitting commercial methods to hold such close fellowship with things purely professional. It is well enough, and, indeed, extremely proper, argued they, in substance, to improve the physician's armamentarium by the addition of new drugs of real value, but this addition must be made *secundem artem*. The pharmacist's motive in making these additions is purely mercenary and, therefore, regardless of the result of his efforts, his interference in this matter, the motive in which must be purely philanthropic, must not be tolerated, and these "conservative" physicians sought, by charge direct and by innuendo, to engender an antagonism between the progressive pharmacists and the medical profession. Fortunately the spirit of the age antagonized their efforts, which soon became fewer and further between. The medical profession have come to recognize the immense good which has descended to it through the enterprise and capital of the manufacturing pharmacist, whose only offense is the energy with he conducts his operations, and though his energy at times may be somewhat obtrusive to those who have little familiarity with commercial affairs, it is good-naturedly tolerated because of the great demonstrable benefit which accrues from it.

But the generation of those who conceive it to be their mission to fight "new remedies" is not yet extinct, and occasionally still one of them raises his voice against the innovations. The latest one of which we have any advices, is one Dr. J. Chris. Lange, of Pittsburgh, whose paper, read before the Mott Medical Club of that city, appears in the Journal of the American Medical Association of the 14th inst. His arguments are the stock arguments on which his predecessors have rung the changes. While admitting the popularity and extensive employment of new remedies, he maintains that the reasons therefor are not flattering to the profession. Himself of a cast of mind superior to the influences which affect the rabble of the profession, he views it from his elevation with appropriate disdain. Dr. Lange's arguments are, however, characteristically illogical. He maintains that the only good and sufficient reason for the exhibition of any therapeutical agent in any case, is "a clear indication, founded on the results of clinical experience. This is unalterable law." This reminds one forcibly of the admonition of the fond parent to his child, to learn to swim but by no means to go near the water. This learned objector admits

the necessity of improving the list of drugs employed against disease; this improvement can come only through clinical experience; but when physicians adopt the only possible means of acquiring this experience, they stultify themselves! He, furthermore, takes exception to the manufacturers, whose motives he declares to be "venal only" in their distribution of literature, containing though it does, for the most part, the reports of clinical experience in the use of drugs, and his exceptions are based chiefly on the unreliability of this clinical experience! Truly the inconsistency of the Egyptians in requiring the Children of Israel to make bricks without straw, is scarcely to be mentioned in the same breath with that of this Pittsburgh doctor.

On one point, however, we cordially agree with DR. LANGE: "When the profession allows itself to be persuaded by a chemist that his combination of remedies, by reason of its special therapeutic properties, is preferable to a combination which the experience of the profession might dictate, then the profession deserts scientific medicine. Its practice rests on no such unstable foundation. Its intelligence instinctively abhors gratuitous speculations, and rejects all conclusions not supported by clinical evidence." Unquestionably much injury is done the cause of scientific medicine, its practitioners and the public, by the use of ready-made medicinal compounds, and in so far as new remedies embrace such preparations they cannot be too roundly condemned. All that the physician requires of the pharmacist is such preparation of simples as contain, in definite proportion, their active principles. It is his prerogative and duty to adapt the combination of these simples to the case in hand.

A singular feature in connection with the objections to new remedies is the fact that it is only such introductions as are made from the vegetable kingdom as fall under the ban of the "conservative" physician. Let some claim be advanced for any mineral drug, and forthwith it is put to the test by those who are most suspicious of everything new from the vegetable kingdom. The reason for this singularity it would be difficult to discover, but perhaps it is because of the fact that drugs of mineral origin are less liable to have been contaminated by the previous use of them by the aborigines or the ignorant natives. The fact that the history of a drug shows it to have found favor in the eyes of any but those who have been especially educated to discover its good points, is sufficient to condemn it in those of your conservative physician.

We do not wish to be understood as making a plea for the employment of new remedies, to the rejection of the old. We have attempted merely to show the injustice of the objections to their use which periodically come from certain quarters. When the physician has discovered among the older drugs the one which will do precisely what he wishes of it, it is folly, and worse than folly, for him to attempt to discover among the new, one adapted to the same end. When, however, the old fails (as it often will) to meet the requirements, it behooves him, if he believe in progress, to, tentatively at least, try the new. Certainly the encouragement to this consideration of new remedies is abundant in the experience of the past. If from among the many to which the attention of the profession has been called during the past ten years (emphatically the "new remedy" age) only jaborandi, rhamnus Purshiana, eucalyptus globulus and coca erythroxyoln are permitted to remain, these alone have surely amply justified all the effort which has been put forth in this direction. Each of them certainly fills a place among drugs which previous to its introduction was vacant.

When a new drug is introduced to the profession it becomes the duty of the physician who feels his list of reliable remedies incomplete, to give it careful consideration, for while it is put forth with such recommendation as is warranted by the, at best, imperfect testimony in its favor which is available thus early in its history, it may have in it properties which have not yet been suspected. Eucalyptus and coca are prominent instances of this possibility. The former introduced as a remedy for malarial fever has developed antiseptic properties which make it invaluable, while the discovery of the anæsthetic properties of the alkaloid of the latter, has unearthed a virtue of which its most enthusiastic advocates never dreamt. In the light of these developments in the case of these drugs, who shall say that any of the newer remedies are devoid of properties which may make them invaluable?

Our materia medica is not yet so complete, nor is our adaptation of remedies to diseased conditions so perfect, as to justify us in resting satisfied with what we have. Therapeutics is as yet the most unsatisfactory division of medicine, and it ill becomes the profession to discountenance attempts at its improvement. The attempts of the commercial pharmacist may not be such as the ultra-scientist can fully endorse, but this fact is not a sufficient reason for attempting to create a prejudice against him for his efforts to do that which the medical profession proper, has neither the time, capital nor enterprise to undertake. Let the profession, if it will, seek to repress extravagances of which commercial pharmacy may be guilty in this direction, but let not the fact that

those who are engaged in this legitimate work, do so for the profits which are supposed to accrue from it, be held as a reason for their condemnation.

THE AMMONIUM CARBONATE TREATMENT OF PNEUMONIA.

Probably no disease in the list, whose diagnosis is so clear and whose course is so definite, has been subjected to such a variety of treatment as pneumonia. Not only has the treatment varied with the varied views of its pathology which have obtained, but a very respectable portion of the profession, holding it to be a self-limited disease, have discountenanced all interference with it except such as is of a purely hygienic nature. It is, however, safe to assume that the practical physician will hesitate long before he will consent to allow himself to be a mere spectator of a case of pneumonia, sitting idly by, a curious observer of nature's struggle to right herself, without putting forth a hand to assist her. Doubtless the heroic efforts of the past, to lend assistance, have frequently done more harm than good, but this fact will scarcely be urged as a valid objection to rational treatment.

The use of carbonate of ammonium as a remedy in pneumonia was first advocated by DR. A. PATTON, in the October number, 1870, of the American Journal of the Medical Sciences, on evidence based on theoretical grounds and on the results of clinical observation. It is not to be understood that this salt had not been previously employed in this disease, but that it was then first recommended as the remedy for the disease proper, and not merely as a stimulant of the failing heart or as an expectorant to aid in throwing off the accumulations in the bronchioles. After an additional experience of fifteen years, DR. PATTON writes an article in the February number of the New Orleans Medical and Surgical Journal, in which he both reiterates his former decided opinion as to the efficacy of the salt, and reasserts his claim to priority in its introduction for this purpose. He does not wish it to be understood, however, as is alleged by DR. FLINT in his work on Practice, that the carbonate of ammonium constitutes his exclusive treatment of the disease. In the early, or congestive, stage, if there be much dyspnœa or other threatening symptoms dependent on engorgement, he gives chloroform in half-drachm- or drachm-doses, frequently repeated. He also deems a saline aperient advisable, and, when a malarial complication is suspected, quinine. Another drug, when there are symptoms of heart failure, is digitalis, and he also regards early blistering as a valuable adjuvant.

The theory on which the carbonate of ammonium treatment is based is the following:

It is admitted by the most eminent writers that there is a high degree of hyperinosis, or excess of fibrin, in the blood, leading to the development of the characteristic phenomena of the disease. To this may be ascribed the occurrence of the exudation into the air cells, constituting hepatization. Also the very tenacious sputa, as well as pleuritis with fibrinous exudations over the inflamed lung, pericarditis and many other accompanying accidents of the disease. If we can prevent or modify these pathological conditions, a most important point has been gained, for it is owing to these complications that much of the fatality of pneumonitis results. It is claimed by Stillé and other writers on therapeutics, that there is no agent known that possesses such energetic power of dissolving fibrin as carbonate of ammonium.

Thus, in this agent we have a means of modifying the exudation into the air cells and pleural cavities, limiting the extension of the inflammatory action to contiguous tissues, preventing pleuritis, pericarditis, double pneumonia and bronchitis. In addition the remedy exerts a specific action upon the bronchial mucous membrane, preventing the development of that viscid, adhesive and fibrinous sputum which causes such a troublesome cough, greatly increasing the pain and even danger of the disease. It is not at all important whether the old idea that pneumonia is a local inflammation, or the new view maintained by JURGENSEN, DRAPER and FLINT, that it is a pneumonic fever, is true, for all admit that the excess of fibrin exists and that this causes the worst features of the disease. So that, in either view of its pathology, ammonium carbonate becomes the leading remedy.

But there is another abnormal condition which exists in a greater or less degree in most cases, which absolutely demands the use of the salt. The failure of the disabled lung to properly decarbonize the blood, together with the rapidly decomposing tissues during the progress of the disease, necessarily poisons the blood with carbonaceous matters, which must be carried off through the kidneys, skin or bronchi, or antagonized by a prompt and energetic chemical agent. To accomplish this desideratum there is nothing equal to carbonate of ammonia, as it not only acts upon the kidneys, skin and bronchial mucous membrane, but is the most energetic neutralizer of carbonaceous matters in the blood, known to therapeutics.

BACTERIOMANIA.

In his inimitable inaugural address delivered before the New York Academy of Medicine, DR. A. JACOBI, President, touches, among other things, on the bacterium craze. He

refers to the ludicrousness of attributing every disease to a coccus, and begins to fear a rebellion like that recently aroused against piano-playing in a European city. Is not music a godly art, and the piano a blessing to the musician? But the playing of fifty thousand beginners in a large city is a nuisance. When bacterio-microscopy, in the hands of beginners, becomes noisy, like piano-playing — noisy in books, pamphlets and journals — DR. JACOBI submits that a gentle protest is permissible. That protest is not meant for the masters who know how to wait and mature. It is not meant for ROBERT KOCH and his peers, who, all of them, are more modest than their followers. When the kings build, the cartmen are kept busy,—and boisterous.

A dozen years ago the coccus of whooping-cough was said to be discovered. There was no doubt about it. There was whooping-cough; there was a coccus; what was plainer and more conclusive? To cure whooping-cough, nothing was required but to kill the coccus. Quinine will kill a coccus; therefore quinine cures whooping-cough. Since that time there is no more whooping-cough in existence; or, if a case should be malevolent enough to turn up, it could not last longer than until a few whiffs of quinine can reach it. Ludicrous though this all was, it was preached as gospel and was believed. Many more such have turned up, and will continue to turn up, for coming years to smile at.

DR. JACOBI traces the present state of the bacteriomania to the political events through which Germany became the empire which her historians predicted and of which her youth dreamed. The influx of the five thousand millions of francs which she received as a war indemnity turned the heads of her people and unsettled the foundations of regular development. From that time dates the lack of safety and steadiness in her financial circles. Speculation became rife—fortunes were made in a day, out of nothing but self-assertion and daring, and lost as quickly. The moral and intellectual atmosphere created by these tendencies is never breathed by one class of people only. If self-assertion make a fortune in finance, why not in science? If a reputation may perhaps be made by a stroke of chance, why not try that chance? Speculation was rife. Any young man can look through a microscope; perhaps he will draw the prize in the lottery of alleged science. Looking would be all right—if he would but abstain from writing. German medicine has thus assumed a two-fold aspect. The days of her superiority have not yet passed; her greatest men still live, and her toiling thinkers are at work; the number of her specialists is, however, immense. A great many of the articles published in her medical journals during the past decade have been premature, and the number of preliminary notices announcing discoveries under way, is very large. The great embryo cannot wait He is afraid of having his celebrity snatched away from him by his next-door microscopist.

DR. JACOBI maintains that the main questions in bacteriology are still unanswered. Is the poison which causes disease bacteric or chemical in its nature? This remains unanswered.

BILIOUSNESS.

In spite of the protests of the profession the term "biliousness" has become so fixed in the vocabulary of the public as to compel its recognition by those who, for very sufficient reasons, would taboo it. For several years it has, indeed, been frequently run across in the pages of medical journals, although its inclosure within double quotation marks is a standing protest against its willing acceptance into the family of words. Occasionally, however, it appears without these marks of its ostracism from scientific terms, and the latest instance of its appearance in unquestioned right, is in DR. T. LAUDER BRUNTON'S Lettsomian Lectures, recently delivered before the Medical Society of London. Having found full recognition in such company, it will hereafter dispute the justice of its attempted exclusion from the vocabulary of even the *crême de la crême* of scientists. Its recognition having thus been seconded after so many years of discouraging effort, it may be well to enquire, with DR. BRUNTON, into the condition which the word is intended to indicate. This condition is one of very complex origin. While the name points to the liver as its source, its close connection with disturbances of the stomach suggests a gastric origin. The difficulty in defining its real nature lies in the fact of the close interpendence between the stomach and the liver, as regards the disturbances to which they are subject. So close, indeed, is this interpendence, as to make it exceedingly difficult, at times, to distinguish between biliousness proper and indigestion. At times we get our only clue to the distinction by noticing whether the disturbance of function is greater in the stomach or in the liver. The intimacy of the connection between the liver, stomach and intestines is apparent through the arrangement of the blood-vessels in them. With the exception of a very small quantity which passes through the collateral branches, all the venous blood returning from the stomach and intestines passes through the liver before it reaches the general circulation. Thus, any products of imperfect digestion are likely to affect the hepatic functions, and, not improbably, to derange them. On the other hand, any hindrance to the flow of the portal

blood through the liver will tend to cause venous congestion in the stomach and intestines. Bearing in mind the power of the liver to obstruct the circulation through it, we can readily see how a vicious circle may be formed. Indiscretion in eating or drinking disturbs the digestive processes in the stomach and intestines; the products of imperfect digestion or of decomposition in the intestines being absorbed into the veins, pass into the liver, and may there induce an obstructed flow through the hepatic capillaries; the venous blood returning from the stomach and intestines will no longer be able to find an easy passage into the general circulation, and venous congestion of the stomach and intestines will be the result. Such venous engorgement as this will interfere with gastric and intestinal digestion, and this, again, will react on the liver. Here, then, is a vicious circle which it is necessary to break. It may be broken in two ways: 1st, by fasting, so as to allow time for matters to right themselves; and 2d, by the use of medicines.

OBITUARY.

DR. E. S. GAILLARD.

Born at Charleston, S. C., January 16th, 1827; died at Ocean Beach, N. J., February 2nd, 1885—DR. EDWIN SAMUEL GAILLARD. Although it was never our fortune to personally meet DR. GAILLARD, the news of his death came to us as that of a personal friend of many years' standing. Ever since we entered the journalistic field we have known him to admire him for his breadth of thought, his facility of pen and his fearlessness in the expression of his opinions. DR. GAILLARD graduated from the University of South Carolina in 1845, and took his degree in medicine from the South Carolina Medical College in 1854, when he removed to Florida, where he entered upon a large practice. Three years later he removed to New York, whence he went, a few months later, to Europe where he remained a year. On his return hostilities between the States had broken out and he cast his fortunes with the Confederacy, to which he sacrificed his right arm at the battle of Seven Oaks, May 29th, 1862. At the close of the war he settled in Richmond, Va., where, in 1866, he founded the Richmond Medical Journal. In 1868 he removed to Louisville, Ky., taking his journal with him and changing its title to Richmond and Louisville Medical Journal. In 1874 he started, in addition, the American Medical Weekly. These journals he combined, a few years later, under the name of Gaillard's Medical Journal, removing its publication and his residence to New York City. In 1861 he received the Fisk Fund Prize, and in 1865 the prize of the Georgia Medical Association. In 1867 he was made professor of general pathology and pathological anatomy in the Medical College of Virginia, and in 1868 was appointed to the same position in the Kentucky School of Medicine at Louisville.

DR. GAILLARD was one of the oldest medical editors, of continuous service, in this country, and, in spite of many vicissitudes, he won for himself a position of honor and power in his calling. He was a man of indomitable will and indefatigable industry, and although his pen was an excessively caustic one, when used against what he regarded as wrong, he had a kindly heart and was a true friend. He was of the class of men who are warmly hated by their enemies, but whose friends would make great sacrifices for them—the very type of manhood which the country most needs.

DR. THOMAS N. REYNOLDS.

Born at Picton, Ontario, February 4, 1843, died at San Antonio, Texas, February 14, 1885. After acquiring an education in the public schools of Canada, MR. REYNOLDS engaged in mercantile pursuits, in which he was markedly successful; but the bent of his mind was towards science, and, taking up the study of medicine, he attended lectures at the medical department of the University of Toronto, from which institution he was graduated in 1869. In the following year he removed to Orion, Michigan, where his methodical habits and great industry, which were his characteristics, combined with a thorough medical education, soon won for him a very large practice, to which he devoted himself, at the expense of his health, for six years. He then made a tour of the European seats of learning, and, returning, settled in this city in 1877. His superior qualifications marked him for advancement, and, in recognition of them, he was appointed Professor of Materia Medica and Therapeutics, and Clinical Medicine, in the Detroit Medical College, a position which he filled with the fidelity which he brought to the discharge of everything he undertook. His health, never robust, began to show signs of serious impairment two years ago; but his strong will and innate love of his work made him turn a deaf ear to the entreaties of his friends, to take a season of rest. Early this winter, however, a laryngeal and bronchial affection (tubercular probably) caused him to make a trip to southern latitudes, to escape the severity of this climate. He was seized with a hæmorrhage, at San Antonio, which proved speedily fatal. His remains were brought to this city, and were interred on the 22d inst. in Woodmere cemetery.

DR. REYNOLDS was, for a time, one of the editors of the Detroit Clinic, in which capacity

he developed marked ability as a writer, his utterances being singularly clear-cut and thoughtful. Personally he was a genial and conscientious man, with a high sense of professional honor.

A MEDICAL FABLE ILLUSTRATING CONSULTATIONS.

The Boston Medical and Surgical Journal has an Æsop on its staff. The following is his latest effort:

A flock of crows were much alarmed one day at the sight of a strange object in the midst of a field upon which they customarily fed. They at once called upon an Old Crow who practiced his profession in those parts, and who made a specialty of corns, to give his opinion about the matter. The Crow, having examined the object, shook his head, and said that it was a serious case, and that it was lucky he had been summoned so soon, though he should have been called earlier, and he would like the advice of his friend, the Owl, who had had the benefit of travel abroad, and who was particularly skilful in cases which called for the Steady Use of the Eyes. He would also like to have the Frog, who was spending his summer vacation by a neighboring pool, and who had a wide reputation for his physiological knowledge, to see the case. The Crow, the Owl and the Frog met, and having studied the object at a suitable distance withdrew to the shade of a High Wall in order to deliberate. The Frog first opened his mouth, and observed that it was a nice Case, which reminded him of a very curious experience that he had had with a piece of Red Flannel two summers before, when he received a severe contusion upon the centre of Goltz. After telling all about this very apposite event, the Owl observed that such cases were extremely rare. He had, however, had two very much like them, the details of which he had forgotten. He then related some very humorous obstetrical stories, which much amused the Crow.

Having received these opinions, the Crow thanked his colleagues for the valuable light they had furnished. He had himself been at first disposed to think the trouble a case of *Terror Corvorum*, or Scare-Crow; but the advice given reminded him now that the appearance in the cornfield exactly resembled a doctor whom he occasionally met, and who, after practicing medicine for forty years, was at present trying to live on what he had saved.

This diagnosis was finally agreed upon, and reported to the anxious Crows outside, who were much relieved.

MORAL.—This story shows the profit that is got from consultation, and the lucrative nature of the practice of medicine.

Two years ago a strenuous effort was made by certain members of the faculties of our local medical schools to effect a consolidation of the two corporations. The scheme did not, however, meet with a support sufficiently unanimous to ensure its success. The result of an additional two years' competition in a limited field, has again directed attention to it, and the prospects now are that a fusion will be consummated. The basis of the union has, we understand, been practically agreed upon, and unless some unforeseen circumstance arises, the two will be made one in the near future, through an enabling act which has been introduced into the legislature now in session. There is a sufficiency of ability and energy among the local profession, and a sufficiency of clinical material in a city of this size, which, if properly directed, would result in the building up of a medical college of such a character as would be at once a credit to those connected with it, and a great good to the profession at large. This energy and ability divided between two antagonistic schools can work only disastrously to both.

An effort is to be made at the present session of the Michigan State Legislature to rescind or materially modify the existing Medical Act, by courtesy so called. The workings of the act have thus far served only to make quackery respectable, by legalizing it. At a meeting of the profession, held in this city on the 19th inst., the bill which we drafted and had presented to the legislature four years ago, but which failed to become a statute through a slight accident, was discussed with favor, and a committee was appointed to urge its passage by the legislature now in session. The essential feature of this bill is the divorce of the teaching from the examining bodies. It allows our colleges to educate students, but it confers on the profession the privilege of declaring whether this education has been sufficient to entitle the taught to the right to practice. Any medical bill which does not embody this feature, is worthless as a means of reforming the existing deplorable status of medicine.

The present stringency of the money market seems to be very general. An esteemed subscriber down in Texas writes us that he has been compelled to make an assignment for the benefit of his creditors, to whom he has turned over the following assets: One poor gotched-ear horse, 23 years old; one saddle-bag, pretty well worn; a small supply of empty bottles and vials; one second-hand porous plaster and a patent microbe extractor, somewhat dilapidated through recent severe usage. He has managed, however, to save from the wreck a dollar for the renewal of his subscription to the AGE, and hopes, when his assignee has been discharged, to take a fresh start. He would have included

this dollar in his assets, but for the fact that he intends to continue in practice, a something which he could not do did he not regularly receive his AGE. A man like this may be occasionally floored by adversity, but he is bound to come out on top in the long run.

A secular contemporary in referring to a report in the Medical Record, of a doctor who lost three eyes by panophthalmitis, regrets the circumstance chiefly on account of the extreme rarity of three-eyed doctors. In view of the fact that this was probably the only specimen of this lusus naturæ living, it regards the accident which resulted so disastrously as a public calamity. We think our contemporary is hypercritical. Although the doctor lost three eyes it by no means follows that he was a three-eyed gentleman, inasmuch as it is not stated that he lost all of his eyes. He may have had several more, and was, therefore, not the kind of monstrosity which our secular friend supposed him to be.

The Medical Press and Circular, in an article on Yankee Diploma Mills, thinks the following extract from an announcement of a medical college in this country sufficiently singular to call for comment; the fact that none of our home contemporaries have had anything to say of it, proves only that in the present status of medical education here, it requires something more than this to call for remark: "The janitor will meet all the daily trains from the first of October, and will have a badge on his hat. He will bring you direct to the college and will attend to your baggage; will furnish a free ride to those who matriculate at this college. Do not be misled. Come, and do not listen to a single drummer until you visit us."

An affectionate, and withal ingenious, Philadelphia wife, has devised a plan for keeping her husband, who is a club man, in o'nights. She treats his underclothing to a dose of croton oil, and, as a result, the dearly-beloved has during the year through which her experiments have continued, not mingled with other society than that of his own household. The secret was too good to keep, and, true female that she was, the wife took another of her sex into her confidence. Publicity, of course, soon followed, and now the dear woman has a divorce suit on her hands.

"Sei-I-Kwai" is Japanese for Society for the Advancement of Medical Science. They have one in Tokio, and it has sent out a circular asking for contributions to a library which it is endeavoring to collect. The library has been opened at No. 11 Yariya-cho, Kiyobashi-Ku, Tokio, to which address, books, pamphlets, etc., may be sent. The president of the Sei-I-Kwai is Kanehiro Takaki, F. R. C. S. Eng. We wish the Sei-I-Kwai and Dr. Kanehiro Takaki great success in their effort, and take pleasure in contributing the MEDICAL AGE, with our compliments.

DR. C. E. NELSON, erst of the Planet, has by no means subsided into a state of inertia, with the extinction of his journal. He is now seeking to arouse the general practitioners of New York to a sense of the injuries they are sustaining through the abuse of medical charity in that city. He has engaged in a great undertaking, and we trust he may prove himself to be the Hercules with power to clean out the Augean Stables; but he will have his hands full.

Gaillard's Medical Journal is not to be suspended with the death of DR. E. S. GAILLARD, its founder. M. E. and E. W. GAILLARD announce that they have secured an able corps of collaborators, and will continue the publication. We are pleased to note this fact. The Journal is a fitting monument to the memory of its founder, and we hope to hear that it is receiving even an increased share of professional patronage.

The Norristown Herald calls attention to the singular fatality of old age, fourteen persons having died of that affection in Philadelphia, in one week, while small-pox numbered but three victims. Old age is about the only disease which patent medicines do not claim to cure. Although there are hundreds of nostrums which, properly used, would act as a prophylactic of the malady, they are, strangely enough, never recommended for that purpose.

The patient's gratitude to his doctor is part of his disease. It is most declared when the fever is highest, cools off during convalescence, and entirely disappears with the complete return of health. The physician who is in the habit of letting his bills run to the end of the year, is furnished with frequent illustrations of this fact.

A correspondent of the Weekly Drug News writes of a patient who wanted "some more of them pills, but would like them in some other form, as it was such a trouble to pick the shells off." He had been taking quinine in capsules

A sponge measuring eight feet in circumference has been taken off Key West, and is said to be the largest in the world. The Druggist's Journal says it is not so tall as many it has seen around beer saloons, but it absorbs more water.

Book Notices.

A System of Practical Medicine. By American Authors. Edited by William Pepper, M.D., LL. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania. Assisted by Louis Starr, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania.

Volume I. Pathology and General Diseases.
Philadelphia: Lea Brothers & Co

Since the announcement, some three years ago, that this work was on the way, the profession have been on the *qui vive* for its appearance, and now that the first of its five volumes has appeared it will be read with an interest quite unusual. It is an American system of medicine, its contributors having gained the experience from which they write, in this country —that is in the United States and Canada. The fact that Dr. Pepper is its editor, will be a sufficient guarantee to the profession of its worth, and it remains for us to do little more than to present an outline of the scope of the volume before us.

This volume is devoted to General Pathology, Sanitary Science and General Diseases, and contains 24 wood-cuts, illustrating the various disease germs and comprising temperature charts of the fevers treated of. The opening article by Reginald H. Fitz, M.D., of Harvard University, is on General Morbid Processes—inflammation, thrombosis and embolism, effusions, degenerations, tuberculosis, and morbid growths. This author regards the question whether microbes are the cause of suppuration as still an open one, and although he concedes the fact that inflammation becomes prevalent in consequence of the presence of some infective agent, he does not commit himself to an opinion as to the nature of this agent —whether it is a microbe or chemical in its nature, or whether it is either. The sober second thought of the profession seems to be returning to the ascendency in regard to this question of germs, and there are some who are even prepared to doubt the absolute correctness of the theory which associates diseased processes with causes demonstrable by the microscope.

Dr. Henry Hartshorne discusses General Etiology, Medical Diagnosis and Prognosis. The fifty pages which he devotes to these subjects constitute a feature of the volume and will well repay perusal by the practitioner. His treatment of them is characterized by a breadth which adapts his remarks to the whole range of diseased conditions.

Hygiene consumes but forty pages, but when it is stated that Dr. John S. Billings, U.S.A., is the writer of this chapter no fear will be entertained that completeness has been sacrificed to conciseness, in the discussion of this important subject. This country does not possess a more concise or graceful writer than Dr. Billings.

Drainage and Sewerage in their Hygienic Relations, is a subject not heretofore considered in works on Practice, with anything of that completeness which its importance demands. In the present work Geo. E. Waring, Jr., well known as a practical sanitary engineer, consumes 25 pages in its consideration. The time is approaching in the which physicians will be expected to give advice in matters of house-construction and sanitation. The mission of the practitioner is a broader one than that of the mere exhibition of drugs, and the time is coming when he will be consulted by the individual citizen in reference to hygiene—when his services will be deemed more valuable than they are now, given as they are gratuitously on boards of health. The introduction of the subject of drainage and sewerage into this systematic treatise is, therefore, very timely.

The remainder of the volume is devoted to general diseases, embracing simple, continued, typhoid, typhus, scarlet, malarial, yellow and puerperal fevers, variola, vaccinia, varicella, rubeola, rötheln, parotitis, erysipelas, diphtheria, cholera, plague, leprosy, epidemic cerebro-spinal meningitis, pertussis, influenza, dengue, rabies, glanders, malignant pustule, pyæmia and septicæmia, and beriberi. The various diseases are discussed by men who require no introduction to the American profession, while many of them are known everywhere where medicine is practiced as a science.

If the first volume of this system is a proper index to what the remaining volumes will be, the work is one which every progressive physician in this country will feel it his duty to possess.

A Practical Treatise on Palatable Prescribing: Containing the Favorite Formulary of the most eminent English, French, German and American Medical and Surgical Authorities of the Age, and embracing a Resumé of the most Eligible Prescriptions for the Administration of Recent Additions to the Materia Medica. By B. W. Palmer, A. M., M. D., Author of "Favorite Prescriptions of Distinguished Practitioners;" Member of the New York County Medical Society, of the New York Medico-Legal Society, etc. In one handsome octavo volume of about 150 pages. Flexible cloth. Price, $1.00.
Geo. S. Davis, Publisher, Detroit, Michigan.

An accurate conception of the nature and scope of this book is conveyed by the title.

It has been urged against compilations of this nature, and with some degree of justice, that they tend to render the knowledge of administering medicines, of those who depend upon them, superficial, since forms for prescribing are furnished, ready for use, which should be originated by the physician himself to suit the individual case.

This criticism can only be just, however, when applied to the professional dilettanti, and not to honest, practical professional workers. The latter, using and not abusing books of this nature, finds them of service in perfecting his knowledge of the proper administration of remedial agents, and in suggesting to him in emergencies appropriate formulæ for the exhibition of the medicines indicated.

Whatever may be urged against books of this character, when judged by a high scientific standard, it remains the fact that while the stress of competition in the practice of medicine is so stringent as it is at present, the mass of practitioners will continue to welcome opportunities of adding to their store of readily available knowledge, without the arduous study which the exigencies of daily practice leave little time or inclination to undertake.

Although it is true that there is in medicine, as in other pursuits, no royal road to learning, it is also true that there are many methods incomparably easier of acquiring practical information, than those furnished by wading through exhaustive treatises on the *pro* and *con* of mere theories, which too frequently encumber the medical text-books of the day.

Many an able practitioner of medicine has failed to attain that degree of financial success and personal reputation which his talents merited, from his disregard of what we may term the principles of palatable prescribing; and many a physician of but superficial attainments has acquired reputation and competence through the careful observance of such apparently trivial matters as those of rendering his prescriptions agreeable in appearance and taste.

This little book, while it makes no pretense of literary excellence or originality, being essentially a compilation, we have no doubt will be acceptable to many physicians.

The publisher has presented it in a form at once attractive, and convenient for ready reference, and has judiciously offered it at a price which places it within the reach of all.

A Manual for the Practice of Surgery. By Thomas Bryant, F. R. C. S., Member of the Council and Court of Examiners of the Royal College of Surgeons; Senior Surgeon to, and Lecturer on Surgery at Guy's Hospital; Memb. Correspond. de la Société de Chirurgie de Paris. With 727 Illustrations. Fourth Edition, thoroughly revised.

Philadelphia: Lea Brothers & Co.
Detroit: Phillips & Hunt.

We have given our opinion of the merits of this book in our notice of a previous edition; and the corroboration which this opinion has received in the call for four editions in the short space of four years, renders further notice of the edition now before us scarcely called for. The book is modestly called a manual, but there seems to us some incongruity in thus classing a treatise of over a thousand royal-octavo pages. It is a complete work on surgery, and one of the best in the hands of the profession.

Medical Progress.

Adonis Vernalis: the New Cardiac Remedy.—This remedy, like Convallaria, comes to us from Russia, and, like many of our best remedies, was first used by the common people, as a remedy in dropsy and heart disease. Experiments were first made by Dr. Botken. The experiments were made on both cold-blooded and warm-blooded animals, with different preparations of *Adonis* (infusion, and both aqueous and alcoholic extracts), showing that its action is to stimulate both the inhibitory apparatus and motor ganglia of the heart, to increase the contractility of the cardiac muscle, and to cause the contraction of small arteries in different parts of the organism without affecting the vaso-motor center.

Under its influence in cases of *dropsy* the cardiac contractions increase in force; the pulse becomes less frequent, more regular, and fuller; the urinary secretion increases from 200 to 2,000 or 3,000 cubic centimeters, and albumen and casts disappears from the urine.

In cases where the dropsy was due to a disturbance in the compensation and activity of the heart, the remedy acts very satisfactorily. The heart-beat increases in force, and the size of the heart rapidly diminishes; the heart-sounds and murmurs, especially the presystolic and systolic, in stenosis, are more marked and distinct. The heart-rhythm is more regular and somewhat slower; therefore the pulse is slower, and in most cases the pulse-wave fuller and slower. The urine increases from 300 to 3,000 cm., a tenfold increase of the watery element. All deposits disappear, specific gravity diminishes, and the urine has a very pale color. There is an absolute increase of the chlorides and urates, the body weight diminishes, and the œdema decreases rapidly; cyanosis and dyspnœa disappear, and respiration becomes full and regular.

In the largest number of cases great relief was experienced at the end of the first day, complaints were less frequent, and in the course of a few days disappeared entirely.

These clinical results were obtained in hospital practice, where the cases were clearly and carefully watched.

It is indicated in cases of (*a*) *Endocarditis*, with *valvulitis*, when the heart muscles are endeavoring to overcome the valvular obstruction and need the aid of specific remedies to increase the tonicity of those tissues; or (*b*) when there is impending an actual dilatation of the heart from a giving way of the muscular fibers. This condition is marked by diminished force of the heart's action, with lowered blood pressure everywhere, especially in the kidneys, decreasing their functional activity.

It has been found equally potent in *secondary* heart-disease, following Bright's disease, when we find a diminished action of the heart, pulse irregular or intermitting, passive venous stasis, dropsy, etc. A typical case from these hospital records, is as follows: A common laborer, with chronic valvular disease, with dilatation. After the use of *Adonis* the heart diminished in size; the congestion of the lungs, well marked, almost disappeared; the œdema of the legs and ascites disappeared entirely; palpitation of the heart and dyspnœa diminished so much that the patient was discharged from the hospital and returned to work.

The *dose* of *Adonis*, when given in infusion (1 3 of the herb to 12 3 of water), is a tablespoonful every two hours, in severe cases; in chronic, every four hours; of the fluid extract the dose is one to two minims, increasing from 5 to 10 drops.

Adonidin, the active principle, is an amorphous powder of a very bitter taste. Dose, $\frac{1}{100}$ or $\frac{1}{200}$ grain.

By the above it is seen that *Adonis* is quite similar, if not identical, in its action on the heart, to *Digitalis* and *Convallaria*. The symptomatic differences have not yet been brought out by any physiological provings. We can resort to it when, as is often the case, the two medicines above named fail to act favorably or cease to give the patient relief.—E. M. Hale, M. D., *in Medical Era, Dec.* 1884.

The Uses of Sulphide of Calcium.—The author remarked that in his opinion very many of the failures in the use of this drug were due to too sparing administration. Dr. Ringer drew the attention of the profession to this drug in a paper in vol. i., Lancet, 1874, in which he stated that sulphide of calcium possessed the power of arresting and preventing suppuration in such cases as boils, carbuncles, scrofulous and glandular enlargements, and in many skin diseases. After reading of many cases treated by various practitioners, the author remarked on the number of unsuccessful cases, and said the quantity given had been too small. A 1-6th gr. dose might cure in one case, but not necessarily in another. He regarded the appropriate dose for an adult to be 1 gr. in pill "ter die," but if, after say a week, no improvement occurred, he made an increase of 1 gr. per diem, or every few days until about 8 grs. daily were reached. The dose which had hitherto been regarded as poisonous he found did not produce alarming toxic symptoms; 2ndly, only a small quantity of the drug taken is decomposed in the alimentary canal to form H_2S; and last, but not least, from the ordinary dose he did not find anæmia produced, but on the contrary, even where 6 or 8 grs. daily were given, general improvement in health resulted, even when the drug failed in curing the symptoms for which it had been administered. The author maintained that the physiological action of the drug is not due to its conversion into H_2S in the organism; it could not be that only a small portion is absorbed and the remainder passed off unchanged, for if so, why should a large dose effect a cure when a small one failed? The author preferred giving the drug in pill, as by this means the taste is unobserved. Mr. Benham read notes of a series of a large number of cases treated with success, and aslo recommended the drug in phthisis, typhoid, and small-pox.

The President has found the drug cause intestinal derangement; he had found it useful in gum-boil. Dr. James Thompson found 1-10th gr. the safest dose to begin with. Mr. Maitland Thompson had not found it useful in strumous glandular affections. Dr. Bennett asked if the drug resembled turpentine in causing more irritation in small than in large doses. Dr. Huggard and Mr. Edwards referred to non-success with the drug.—*The Medical Press and Circular*, Jan. 7, 1885.

Belladonna Injection for Gonorrhœa.—Some thirteen years ago an officer on board one of the vessels of the Indus Steam Flotilla, consulted me for a bad gonorrhœa with intense pain on micturition, and intolerable chordee at night. The case was urgent and I ordered an injection composed of seven ounces of water, an ounce of mucilage acacia, twenty grains extract of belladonna, and twenty grains sulphate zinc, a teaspoonful to be injected immediately before and after micturating, and a similar amount the last thing at night, great care to be used in passing the injection fully down as far as the pain was most intense. An ointment of spermaceti and mercurial ointment, four drachms each, and ten grains extract belladonna, ten grains powdered opium, as a paste to be smeared along the perineum and around the crura penis at night. Patient left next morning, having had no chordee that night, and the pain of micturition disappeared by using the injection. Within a week there was complete cure. From that time I have had numerous gonorrhœal cases of every type and stage, and I have used the injection in every instance, and without exception, with unfailing success. Not long since a shop assistant presented himself with a bad gonorrhœa, high fever, inflamed testicle, and chordee at night. With the application of the belladonna and opium ointment the chordee did not appear, and in four days after using the injection the running ceased, but after the first application the pain and running were much lessened. A suspensory bandage was worn, and with the daily use of the mercurial and belladonna and opium ointment, the patient was quite well in three weeks. Patients have always stated that it is the injection and not the ointment which stopped the chordee, carminatively. I have tried the anodyne treatment in various classes of people, from the dissipated nymphs of the Eastern bazaars to the well-fed *roué* in the West; in the acute and in the chronic and gleety stages; in first attacks and in those making one of a series; and in cases complicated with inflamed testicles and chordee; and I have no hesitation in saying that, I have not witnessed anything to contraindicate it, nor to mitigate its success.—John Roche, M. D., in the *Medical Press.*

The Medical Age.

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Original Articles.

LECTURES ON PHTHISIS PULMONALIS.

BY E. L. SHURLY, M. D.,*

LECTURE IV.

DIAGNOSIS.

I have already intimated to you that acute phthisis pulmonalis is often confounded with intermittent fever, and I may say in addition that it is often confounded with pyæmia. Certain latent forms of pyæmia will sometimes give rise to a hectic fever which is almost identical with acute phthisis; and it is especially difficult to distinguish between them, as it often happens that the pyæmic symptoms are accompanied by a hectic cough. In the early stages, physical exploration of the chest alone may render no positive evidence,—for reasons already pointed out,—yet together with a careful scrutiny of the family and clinical history, it will undoubtedly serve as a guide to differentiation. With regard to the question of intermittent fever, it will not be long before positive symptoms of phthisis will become so apparent as to settle without doubt the nature of the disease.

The laryngeal form of phthisis is often taken for other laryngeal diseases, and, objectively considered, there may be very little difference between the appearance of the two. Sometimes, however, physical exploration, together with the clinical history of the case, will aid us to distinguish the real trouble.

In those cases of phthisis marked by early hemoptysis, there are some pitfalls of error open for the physician to fall into. For instance, the great desire of the patient to cover up from his own cognizance, as well as yours, the true source of the hemorrhage, prompts him to give the most misleading answers to your questions. Indeed, it is often only by close cross-questioning that we can get from him the admission of symptoms which furnish the right clue to the origin of the expectorated blood. Aside from this, there is often considerable difficulty in distinguishing, by subjective symptoms, hemoptysis from hematemesis, or nasopharyngeal hemorrhage, or a hemoptysis incident to transient pulmonary congestion, due either to cardiac or hepatic disease, or extraordinary effort. It would be quite awkward to give a grave prognosis to a sufferer when the hemoptysis has been nature's gracious means of perhaps saving his lungs from disease, or of saving his life. It will therefore behoove one to inquire very carefully into the origin or cause of the hemoptysis before deciding that this phenomenon constitutes the commencement of phthisis pulmonalis. We sometimes have, as I have told you, pulmonary abscesses which are *not* tuberculous, but which give rise to a train of symptoms identical with those of advancing phthisis pulmonalis. Although the treatment required may not be very different, it is not so regarding the prognosis, and great care must be taken in the differentiation of these conditions. We sometimes have abscesses of the liver, either circumscribed or diffused, the contents of which, instead of making their way out through the intestines or parietes of the abdomen, pass up through the diaphragm and pulmonary tissue to be ejected into a bronchial tube. These cases produce a great deal of emaciation and hectic fever, and often hemoptysis, but recovery frequently takes place without much consequential disease.

In all cases of suspected phthisis, one should not only rely upon carefully collected data of the family and clinical history, together with physical signs, but should examine the sputum *microscopically* for evidences of elastic *tissue* and *bacilli*. The presence of these, in conjunction with the other signs, is sufficient to decide the diagnosis. I would not advise one to rely upon these latter signs alone, as has been occasionally urged of late.

PROGNOSIS.

The prognosis of full-fledged phthisis pulmonalis is always grave. We cannot, however, look upon the issue quite as hopelessly as did the former generation of physicians, because our means of distinguishing the several different conditions and separating them from those diseases which simulate tuberculosis, are so much better as to enhance our chances of successful treatment. Nevertheless we have much room in which to improve our present methods of management. That a great percentage go right on to a fatal termination, despite our efforts, is a

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deplorable fact which must be recognized; but that quite a number recover, either for a period of years or through the whole time of the individual's life, is also a demonstrable fact. I do not wish to burden your minds with statistics on this subject, which would probaby go in one ear and out of the other, but will simply state as a fact that a greater number of cases of phthisis recover under proper management than if left to the unaided efforts of nature or to unskillful hands. Yet there are cases on record of recovery having taken place without any treatment having been instituted. There is the well-known case of SIR ASTLEY COOPER in whose lungs after death there were found two or three cretaceous nodules, the remains of previous caseation, and probably excavation, when he was a young man. No particular treatment in his case is known to have been adopted, and yet the outcome was the perfect arrest of the disease process. It frequently happens to observers at the post-mortem table to meet with just such appearances when examining for other diseases, probably showing that antecedent pulmonary disease had existed. This certainly ought to encourage us, especially taken together with the number of cases on record of well-marked phthisis pulmonalis which having undergone retrogression, have thus secured to the patient a new lease of life, as it were. It must be remembered that all such patients are always on "the ragged edge," for although retrogression *may have been quite complete* for a certain length of time, yet a concatenation of unfavorable circumstances may, at any time, be sufficient to kindle again disease in these old foci, whence it may spread and rapidly progress to a fatal termination. Hence, in cases subject to retrogression, do not be too sanguine in your prognosis, but give the patient to understand that he is not altogether out of danger. I will take up a few moments more in order to call your attention to the physical signs of retrogression. You will remember from the account already given of the physical signs, that we may be able to map out from time to time the *progress* of the disease from one place to another. If in a given case at about the end of the first stage we examine the chest and find in the place of large mucous bubbling rales, bronchial respiration, bronchophony, and increased fremitus, dry rales,—sonorous sibilant or creaking—lower pitched bronchial respiration, and bronchophony, and learn from the patient's lips that there is a marked diminution of expectoration, of febrile movement, and nocturnal sweating with perhaps a return of appetite and increased vigor, there is a rest taking place in the progress of the disease. Now whether it be for a longer or shorter period remains to be determined by circumstances. At the seat of excavations cavernous respiration, rather lower-pitched and of less intensity and extent, will remain for a long time generally, and, although the respiratory murmur of proper physiological quality will probably never return, there will be such a restitution as will give to the bronchial respiration more and more of a vesicular quality. Of course the lung tissue already destroyed can never be restored as such, but its place be occupied by fibrous or connective tissue. The formation of which must always accompany retrogression of the disease. At the very inception we are sometimes called upon for a *decided* prognosis, which becomes necessary either for social or business reasons, or regarding change of residence, the marriage question and so on. The prudent and intelligent portion of the population, understanding the great fatality and the marked hereditary character of phthisis, will always consult the physician regarding contemplated temporal changes concerning a person suspected of suffering from such a tendency. It is, therefore, very necessary for you to be very thoughtful and considerate in your examination of all such cases, and careful as to the opinion you give. For not only one life may depend upon your expression, but perhaps the life and destiny of a whole family, even to the second or third generation of illy-developed, rickety children, propagated by parents who should have lived in celibacy. Now what are the principal points upon which you are to hinge a prognosis in cases where physical signs are not marked, nor subjective symptoms prominent? One point, which I would have you keep in mind, is the family history, especially regarding hereditary predisposition, and whether it be apparent or slightly manifested. If the former be the case, and the individual is subject to frequent attacks of illness, or be illy nourished, and show signs of scrofula or syphilis in any way, or possessed of intemperate habits, at the same time being under 40 years of age, his liability of falling a victim to phthisis may be considered great. If, on the other hand, the family predisposition be slight, and the patient in tolerably robust condition, the habits of life and occupation rather conducive to health than otherwise, we may consider the liability slight. If in a case of retrogressed phthisis the individual has been, as it were, recovered for a period of five or six years, during which time he has been living in a climate like our own, subjected to the ordinary vicissitudes of such climate without suffering any reappearance of the disease, while the circumstances of life are favorable, we may regard such a person as only slightly liable. In a case even where the family predisposition to tuberculosis proper is not very well marked, but where the bodily weight is low, and there are evidences of scrofulosis having existed either in the individual, or the brothers or sisters during childhood, the chances are rather great against

him. In the case of a female whose predisposition is strong, while the individual may appear robust with a good deposit of adipose tissue, if she have irregularity of menstruation, or is liable to acute catarrhal attacks of any sort, you may regard the liability to phthisis in her case as being as probable. Of course there are many exceptions to these rules, which will come before you for individual judgment from time to time. For instance, there are many examples of one or two individuals out of a phthisical family of perhaps seven or eight surviving to a good old age, without suffering during the whole course of their lives with ills common to the more healthy. They marry and perhaps raise families which are healthy and tolerably strong. The hereditary disposition having thus skipped their generation (latent heredity) to strike and consume the succeeding one. Here a question concerning marriage may arise. May a male suffering with incipient, slowly-developing phthisis and surrounded by favorable circumstances of life marry? I should unhesitatingly say no. It has too often proved disastrous to such persons who have married, even with signs of retrogression present; for under the matrimonial state they have quickly relapsed, sometimes into an acute phthisis. Under such circumstances may a female marry? Well, if hereditary predisposition be not too well marked, I should say yes. As a rule, the marriage relation seems to be less hurtful to the female than to the male, under like physical conditions. There is, however, great danger of the progeny becoming victims of the disease.

TREATMENT.

The treatment may be divided, for consideration, into general and local. The general treatment may be divided into hygienic, climatic, dietetic, and medicinal; and the local into internal and external, including surgical, etc. I give you on the blackboard a scheme of the several headings under which I shall consider the treatment, which I think will assist you not only in retaining any information relating thereto, but perhaps suggest to your minds new thoughts upon this subject.

GENERAL.

Hygienic. Climatic.
Dietetic. Medicinal.
Systemic. Symptomatic.

LOCAL.

External. Counter-irritation. | Surgical.
Internal. Inhalations.
Moist. Spray. Vapor.
Dry. Air { Medicated. Compressed. Gases.

The hygienic treatment of phthisis comprises the consideration of the habitat, clothing, bodily care and environs suited to the patient. As already mentioned, the majority of consumptives, either from choice or obligation, breathe a vitiated atmosphere. This comes from a too close confinement to the house or apartments in which they may reside, or the surrounding squalor of the individual. It is unnecessary to point out again the pernicious influence of vitiated atmosphere upon the course and duration of phthisis. We have already spoken of this as an element in the etiology of the disease. At the same time, while such patients require above all fresh air, great care must be exercised that this air does not in turn, through too great abundance, or too sudden introduction from the outside, produce catarrhal affections of the respiratory tract—"colds"—and thus counterbalance the good effects which the oxygen might accomplish. With those who are abundantly supplied with all the requirements of life, and a large house, it is very easy to manage, because you have plenty of rooms to select from and a variety of openings for access of fresh air which can be admitted in as gradual a manner as you desire. But even in such situations—with all the modern methods of artificial heating, etc.—it requires no small amount of judgment to regulate this matter. It is preferable, where practicable, that the patient be given a room to sleep in which he or she has not occupied during the day. Fresh air can be admitted either directly from a window in the room or through an adjoining apartment. For ventilating an apartment already occupied by the patient, it is well in the absence of other better ventilating means, to lower the upper sash, and raise the lower one a little, then hang up a light blanket a few inches out from the window, thus allowing the air to percolate, as it were, through the meshes of the fabric. In this way there is less danger of sudden ingress of very cold air, should the temperature outside suddenly lower, and very little danger from so-called draughts. Every morning, if possible, the patient should be removed from the sleeping room to another, which he may occupy during the day, while the room occupied at night is thoroughly opened up and freely ventilated. The heating of an apartment of course, will have to be regulated somewhat by the sensations of the patient, but it is well not to have the apartment too hot. No stated temperature can be maintained, as one day the patient will be far less susceptible to cold air than on another day, this variation being due to differences of bodily temperature, or nervous sensations. If the skin be very moist the body should be thoroughly protected from any chilling influence. These remarks have reference particularly to the autumnal and winter season of our northern climate. In case of a less fortunate patient occupying a room which is not spacious while the number of occupants in the dwelling is considerable, this plan of management with regard to supply of outside air cannot be carried out, but

in all cases it is well for you to insist upon some opening to the outside which shall be adjacent to the room occupied by the patient, and once in a while, if possible, to get the patient out of the room which he mostly occupies, in order to subject it to very thorough ventilation. This can almost always be accomplished in one way or another. I have sometimes succeeded very well by making a sort of tent of a light blanket or comforter, over a patient's bed, or by the side of it, then open the window somewhat and thus allow the air to enter the apartment for a long enough period to thoroughly ventilate it. This procedure may be repeated as often as necessary. This is not only beneficial to the patient, but to the healthy persons who are around. You will remember, as already stated, that the question of the contagiousness of phthisis is considered to be not absolutely settled, nevertheless there can be no question of the advisability of proper care and sanitary regulations. To some extent disinfectants ought to be used in the vessel which receives the expectorations from such patients, and in the room occupied by them. I prefer to spittoons or such vessels cornucopias made of common thick paper for patients to expectorate in, because they can be burned with their contents easily, and are light and convenient for the patient to handle.

Regarding climate, where the case is not too far advanced, other things being conducive, the removal of the patient to a suitable climate is a thing most desirable. For being in a warm climate, thorough ventilation can be kept up all the while if the patient be not able to get about. A certain amount of out-door exercise can be taken daily generally. Indeed this is one of the great advantages to phthisical patients of a warm climate. In the early stages, proper climatic conditions are often sufficient to secure an absolute check to the disease process, with but little medication. Just what climate a given patient ought to be recommended to adopt, is often a matter for individual judgment and consideration. There is more to be taken into consideration than the mean temperature of the place. Other elements are very important, namely: Altitude, equability, moisture, dryness, drinking water, etc. In cold, *dry climates*, as already mentioned, phthisis is comparatively rare; so is this true of warm, dry climates, thus showing the importance of dryness or an aseptic atmosphere. If, however, the patient be liable to hemoptysis, a very considerable altitude in a dry climate cannot be recommended, for the obvious reason that a great difference in aerial pressure—breathing a rarefied air—may produce congestion of the pulmonary vessels; also, if a patient have any cardiac complications, for the same reason such a residence might prove more injurious. A warm, moist climate, such as we find along the coast of Florida, at Mobile and thereabouts, is highly beneficial in some cases in the early stages (especially the catarrhal form) before breaking down of the pulmonary structures has taken place, and when the catarrhal inflammation of the mucous membrane is chronic or intense, the cough not accompanied by much expectoration, and the general condition of the patient tolerably good. On the other hand, if there be a large amount of expectoration, either bronchial or from the destruction of pulmonary tissue, or if the patient, from long-continued hectic fever and anorexia, be very much debilitated, a residence in this sort of a climate will not be likely to prove beneficial. There is one thing that often neutralizes the value of change of climate to the patient in any condition whatever, and that is imperfect food and accommodations. For instance, a patient going among strangers, especially going to some places in the south-east, or the the south-west, where the cooking is poor, and the food coarse, and the domiciliary accommodations inadequate, will, as a rule, lose ground instead of gaining, notwithstanding the beneficial effects of the climate. The matter of health resorts, I am sorry to say, is greatly a matter of fashion, both with the laity, and somewhat with the profession. At certain periods of time there will be a great influx to the south-west, and at other times it will be the fashion to go to the south-east, and patients will go to South Carolina and Florida in great numbers, or to the Island of Nassau, or Texas, like droves of sheep. A few years ago it was the fashion for patients to go to cold, dry climates, and Minnesota and Colorado were thoroughly overstocked with consumptives. I hope you will keep clear of these fashions, and in your recommendations for change of climate, consider thoroughly all the conditions of the individual, such as his vital status, habits of life, mental proclivities, etc., as well as all the local conditions surrounding the place to which he is about to go. If you will do this, I think fewer mistakes will be made than now-a-days. Oftentimes it will be left to you to decide, for the invalid will be badgered and goaded by one friend and another to go hither and yon, until in the utmost despair he will appeal to you for a final decision. Indeed, the medical attendant ought always to decide the question. Any malarial district is, of course, to be interdicted. Any place, the atmosphere of which may be loaded with dust by frequent winds blowing over a light sandy soil, etc., a great deal of the time, must be avoided. With regard to the selection of a place, in regard to dryness, moisture and altitude, of course no rules can be laid down, as it depends on the case in question. For illustration: If a patient is going away from here in the spring months or early summer, it is

better that the *south*-west or *west* be selected, this side of California, because here we have a dry atmosphere, short spring, and not a long rainy season—an atmosphere, with a considerable amount of sunshine, which will probably suit the patient. In the autumnal months you will find North Carolina and the mountainous region of Tennessee quite suitable. The patient going away for the winter will perhaps have to go farther south, or to California, although some will do quite as well in Minnesota or Colorado. Usually you will find it advantageous to select the southern regions of South Carolina, north Carolina, Nassau, Georgia, or Florida for all-winter residence; the approach to the coast being regulated by our knowledge of the prevailing symptoms of the case. Regarding ocean trips, if there is liability to hemoptysis, and the patient not be very strong, you ought to hesitate in recommending it. On the other hand, if the case be largely one of bronchial inflammation, and the patient in pretty good vital condition, an ocean trip is sometimes of great benefit, especially so if there be malarial poison in the case. Do not send a patient away from home in the later stages of phthisis, as he will sometimes go, notwithstanding your advice to the contrary, just as a drowning man clutches at a straw, but never give your sanction if the patient be in the latter part of the second or third stage of phthisis, for there is nowhere that such a patient can receive as much benefit or comfort as at home. It is only heaping upon friends, if they be in moderate circumstances, a great and unnecessary expense for nothing, at the same time militating against the comfort of the patient.

EXERCISE.

Exercise, especially in the open air, during the middle of the day, is of great utility in almost all cases of phthisis, excepting those who are suffering from febrile movement. The error of ordering a patient with a temperature of 102° to 103° to go out and take either passive or active exercise, is a very stupid and common one. I hope you will be careful never to forget that point, viz.: That such a patient requires rest. The reason must be obvious when you think of the great corpuscular activity and metamorphosis of body element which this temperature represents, entailing the expenditure of a large amount of vital force every hour. You can, therefore, see the absurdity of ordering such a patient to further tax his vitality by sitting in an erect posture in the carriage or attempting to walk, because there is just so much more vital force unnecessarily expended. When the temperature is down the patient may be allowed to take moderate exercise, but should always be enjoined against going beyond the point of fatigue. However, when practicable, you should persistently insist upon the patient taking exercise in the open air. Although the weather may be quite cold, if dry, a little exercise, perhaps ten or fifteen minutes, in the open air, will often produce good effect, recuperating the invalid and perhaps reviving an appetite for the next meal. Jolting exercise, such as riding on horseback, in a car, or in a carriage is not permissible (except in the very early stages of cases) where we have reason to anticipate a disseminated deposit of miliary tubercle, because of the danger that such passive exercise may lead to serious hemoptysis. One local condition of the lung even early in the course of the malady, is more or less collapse. This is partly due to the diminished respiratory action which nature perhaps entails as a conservative method of resting the organ, and may be partly due to habit. It therefore becomes a question sometimes of great importance, whether we shall recommend to the patient certain gymnastic exercises for the purpose of expanding these somewhat collapsed lobules. There can be no doubt about the propriety of adopting some means of relief of this condition, where no inflammatory process is going on. It often has the effect of saving a portion of the lung structure, and may be regarded in some cases, therefore, as a very highly useful therapeutic measure. I would earnestly recommend you, however, to go on very carefully with it, because all violent exercise, even early, is apt to be pernicious. There are various machines and cabinets in the market for the inhalation of *compressed* and *rarefied air*, which have for their object the passive dilatation of the lobules; these are not always at hand and you have an excellent substitute in the trained efforts of the patient himself. This can be done by prescribing a regular period once, twice, or three times a day, for forcible inhalation of air or calisthenics. This should never be done outside, especially in cold weather, on account of the danger of exciting catarrhal inflammations by directly inspiring through the mouth cold air, but indoors in a properly heated atmosphere no such danger arises, and the exercise may be carried on with impunity. Care must be taken, however, that the patient does not overdo in this matter. He should not continue forcible breathing long enough to produce any great amount of breathlessness, or fatigue. The patient may sit with the clothing loose about him on the edge of a chair and by means of abdominal respiration, (as the vocalists term it), throwing out the abdomen in inspiration, slowly inflate the lung with some force, by calling into play the extra respiratory muscles; or, if considered better, a light calisthenic exercise for a certain length of time each day may be adopted. If at any time

this seems to be followed by anything but an invigorating effect, then it were better for the patient to cease. In the case of a lung which is more or less congested or inflamed, this practice may be injurious.

BATHING.

Persons affected with moderate and advanced phthisis almost always display a great aversion to bathing, under the delusion that they will catch cold. While this may be true in a given case where the skin is perspiring and the temperature low, yet at all other times it should be made compulsory. Such patients should have a sponge at least once a day. This serves to keep the skin in a good condition and it also has a general tonic effect. With regard to the temperature of the water, it should be governed largely by the sensations of the patient. If the season be cool, the water should be quite warm, warmer than tepid, and the surface be quickly dried so that reaction may come on. No patient who is suffering from hectic fever should be bathed at the expected time of the paroxysm, for in that case there would be great danger of bringing on the paroxysm or inducing an algid condition, which might result in some extra congestion of the lung.

CLOTHING.

The clothing of patients with phthisis pulmonalis is a matter of importance for the physician to understand. The general tendency of such is to wear too much clothing rather than too little. The constant fear of "catching cold" induces the patient and the friends to cover the body too much, especially in-doors. Under this head I may speak of the frequent habit of wearing "chest-protectors." These chest-protectors are highly useful out of doors, but when worn, as is usually done, indoors, they serve to keep up such a perspiration of the skin as to paralyze the peripheral nerves and render the patient a more easy prey to sudden changes of temperature and slight draughts. When going out of doors in cold weather it is a very good plan, if convenient, to put on a chamois jacket or any covering of animal skin over the chest, but this is to be taken off on re-entering the house. Patients, as a rule, suffering from this affection, even in the early stages, should not be allowed to go out of doors in the evening or early in the morning, because at such times the hygrometric condition of the atmosphere is unfavorable; if, however, from necessity, a patient must go, instruct him to fully cover the mouth and nose with some loose-meshed material, such as a veil or a woolen comforter, and to breathe through the nose, so that the air may become warm before it enters the respiratory passages. In fact, in the winter season whenever the patient goes out, the nose and mouth should always be protected by one or two layers of some loosely-woven woolen substance, as a respirator.

USE OF TOBACCO.

A moderate use of tobacco may be allowed, but the patient should always be warned against the excessive use of the weed, or too much expectoration, or of sitting for any great length of time in a room the air of which is thoroughly charged with tobacco smoke. Chewing tobacco, unless it can be taken without expectorating, should never be allowed. Company for the invalid may be encouraged, as well as certain lines of occupation for the mind, but in the later stages especially, where there is any inflammation of the larynx, full and decided directions should be given against too much use of the vocal organs. Therefore singing, holloaing, talking, and too great laughter should always be interdicted.

DRINKING.

Alcoholic or malt beverages may be allowed in moderate quantities, indeed we often have to prescribe them, but anything like excess will do much harm.

FRACTURE DRESSINGS.*

BY CHAS. DOUGLAS, M. D., DETROIT, MICH.†

Fractures of the forearm are more frequent in ordinary practice than fractures of any other part of the body. Of fractures of the forearm three out of every four occur within one or two inches of the wrist-joint, and most frequently are confined to the radius alone. Under the ordinary dressings as applied, great difficulty is encountered in making perfect recoveries. The hand is drawn forcibly to the radial side and thus causes a projection of the carpal head of the ulna on the ulnar side, and a corresponding depression of the broken fragments of the radius towards the ulna. Too frequently do we find that this deformity is perpetuated when union has been restored and the patient dismissed as cured. This happens to a greater or less extent in almost every case treated, thus leaving, in some cases, an unsightly deformity and also impaired utility. The deformity is permanent and the disability lasts for months at least; sometimes it is also permanent, especially in people of advanced age.

This deformity is frequently due to impaction of the proximal end of the fractured bone into the distal end, and may be unavoidable, as in old people, where loosening of the impaction may be unsafe practice. In such cases, deformity with reduced utility is a sure result under any form of treatment.

This impaction frequently leads to grave mis-

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takes in diagnosis. The absence of crepitus causes the fracture to be mistaken for a severe strain. This is more likely to happen when some hours have elapsed between the time of the injury and the examination of the surgeon, great swelling having deformed the injured limb. Perhaps in some instances the surgeon sizes up the deformity, and after manipulation with no perceptible crepitus, concludes he cannot make it any better with splints. He then applies some cooling, anodyne lotion and bandages and thus perpetuates the deformity. There are instances where this would be unavoidable in any surgeon's hands, but generally it is doubtful practice. In all cases of injury near the wrist, the surgeon should remember that an unusually projecting ulnar head with swelling of the soft parts around the joints or on either side of it, even if there is no other symptom, is grave cause for suspicion. Most frequently fracture is the cause. Many times this cannot be found without using considerable force, and chloroform may be needed before success is obtained, as the bones are firmly impacted.

The propriety of using such force has been and may still be questioned in many cases, as the appliances for repairing the damage have not always been equal to the emergency. There are few surgeons, if any, who, in a practice extending over twenty years, cannot recall cases of radial fracture, which have resulted badly, even after the greatest care and most approved dressings have been sedulously applied. This fact is discouraging to old as well as young surgeons, and no doubt has done much towards allowing impactions to remain as such, when the deformity is not too great.

If a successful method of dressing such fractures were generally known, and recognized as such, only slight, if any deformity, would be allowable as the proper result in treating such cases.

It is not my purpose to criticise or compare the existing appliances in daily use and recommended by all writers on the subject. The difficulties arising in their application, and the greater difficulties existing in keeping up a proper, continuous, and successful application of the dressing selected, are not to be wondered at, when we consider the yielding nature of bandages, the swelling and subsequent shrinkage of tissues, the anatomy of the parts involved, and the ever-contractile nature of the many muscles attached on both sides of the fracture. The continued contraction of those muscles, coupled with the great difficulty in keeping up continued extension, no doubt accounts for the bad results we witness in many cases, which cannot be explained on the ground of impaction. The ever-varying shape and size of the arm also causes the greatest difficulty in applying splints that shall be a proper application without in any way tending to displace the broken fragments. The shape and formation of the hand offer great obstacles to continued counter-extension, one of the most necessary features in this, as in mostly all other fractures.

In the forearm we have the hand supported on one side by the radius and on the other by the ulna, with the flexor and extensor muscles continually dragging the hand towards the elbow. This muscular effort is frustrated by the rigidity of those bones. As soon as either of them is broken the power of the muscles is in the ascendant, and drags the hand towards the fractured side and the elbow, thus displacing the fracture. This causes a projection of the end of the sound bone on the opposite side. Such displacement, with the swelling and crowding of the soft parts, is the injury with which we have to contend. Moderate extension of the hand with manipulation of the fractured ends will generally reduce the deformity, when impaction has not occurred, or great swelling is not present. Impaction, if present, should be removed by force, except in the old, where there is doubt of the healing-power in the patient.

Success in treating fractures involves two necessities. The first is to thoroughly and perfectly return the fractured bones to their normal position, and the second is to hold them there till union is effected. The first can generally be accomplished in a short time; the difficulty arises in carrying out the second.

All appliances that have been used or recommended involve more or less movement of the limb, and consequent liability to displacement of the fracture during their application; thus leaving some doubt about the perfect adjustment of the fracture ends after the dressings are applied. Even if there is perfect adjustment of the fracture, there is no one of the dressings in use that can carry out the second indication needed for success, without more or less failures. The slightest stretching or loosening of the bandages, which are a necessary part of every dressing used, allows the ever-contractile muscles to cause displacement, and fortunate is the surgeon who succeeds in treating COLLES' fracture without some deformity, and at times impaired usefulness.

Realizing these difficulties, I was induced to try the effects of plaster-of-Paris in treating these fractures. After several efforts in different forms (all more or less encouraging), I arrived at the following method of applying it. The requisite articles are paste-board, plaster and warm water:

The pasteboard must be broad enough to nearly encircle the arm just below the elbow, and long enough to extend from the elbow to the phalanges. It is applied around the arm in a dry condition, fitting closely around the

upper forearm and leaving a half inch space between the arm and the pasteboard around all the lower parts, and an open space from one end to the other an inch or more wide along the upper side of the arm. This is held around the arm by a strip of cotton tied around near each end. The plaster-of-Paris and water are now mixed in a large bowl, in sufficient quantity to fill the space between the pasteboard and the arm, and made liquid enough to pour, or of the consistence of gruel.

The surgeon now grasps the fingers firmly, and close to the pasteboard as possible, and makes steady extension with one hand, while he manipulates the fracture with the other through the open space on the top, or through a hole in the pasteboard if necessary. When he has secured perfect adjustment of the fractured ends, he holds them while an attendant pours in the soft plaster and fills all the space between the arm and pasteboard and covers the arm with it also. Extension and adjustment are retained till the plaster solidifies. Then the holes are filled in where the fingers left a space in adjusting the fracture, and finally, extension is relaxed. The patient is now free from all pain and will continue so till union is complete, except a feeling of tightness which is present when the swelling is greatest. This, if severe, I relieve by a few doses of morphine.

The only objection to this dressing is the weight, but patients cease to complain of this after the second day. When it is desirable to make the dressing more presentable in appearance and lighter in weight, this can easily be accomplished by paring away all roughness and suberabundance of plaster before the hardening process is complete, or rasping it off afterward, and applying an ordinary bandage with some flour paste. This makes a perfect splint, and a good finish, without the extra weight.

It is important to make the plaster thin when mixing, in order to secure a perfect splint on the lower side of the arm, as it does not pour well otherwise. A little cotton packed around the hand inside the pasteboard will prevent the plaster running out at the lower end, and the close application of the pasteboard to the arm leaves no space at the elbow.

A splint made in this way is a perfect fit at all points, and the bones are thus prevented from moving from the position in which they are placed. After the first week, or ten days, the plaster may be broken off as far as the wrist-joint and thus leave the patient free use of his hand; avoiding in a great measure the stiffness of the joint, consequent upon long confinement. The remaining portion of the splint remains on the arm till recovery is complete, from four to five weeks. Where great swelling has occurred before the first dressing, it might be desirable to apply a second splint when this has subsided, but I have not found such a case during the four years I have been using this dressing. I use it with patients of all ages, and in all fractures of the forearm. In two cases of compound fracture, it gave good results, the wound healing at once and causing no trouble.

Where the fracture is three inches from the wrist, the plaster need not pass the joint, as the perfect co-aptation prevents contraction of of the muscles by allowing them no room to bunch up in such contraction. This will allow the patient free use of the hand all the time, and avoid the stiffness of the wrist.

These splints give such complete comfort and support, that the patients in three instances did not return, but removed the plaster after a month, to find the arm all right.

Where there is much hair on the arm, an application of castor oil or tallow will cause it to lie close to the skin, and thus avoid its being entrapped in the plaster.

All cases treated in this way gave the best results, and some showed no deformity whatever. Good motion followed always, and one boy had almost perfect use of the arm and hand as soon as the plaster was removed. He could put on his hat or take it off, showing very little difficulty in using the limb.

I have found the following advantages in using this splint:

1. Ease of application.
2. Perfect adjustment.
3. Continued extension.
4. Perfect-fitting splint.
5. Freedom from pain.
6. Use of the hand after the first week always, and from the beginning in many cases.
7. Good motion in the wrist-joint when the treatment is finished.
8. No slipping of the dressings from the first position. This is greatly due to the strong adhesion of the plaster to the skin, which continues till the splint is removed.
9. One dressing is sufficient.
10. Superior results.

A MEDICAL BILL.

The following bill has been introduced into the Legislature of Michigan, to prescribe the qualifications of practitioners in medicine and surgery, and to regulate the practice of medicine:

SECTION 1.—*The People of the State of Michigan enact*, That from and after the date when this act shall take effect, no person or persons except such as shall comply with its requirements shall be authorized or permitted to practice medicine.

SEC. 2.—All practitioners of medicine duly qualified under this act shall form a corporate

body, to be known as the College of Physicians and Surgeons of Michigan, membership in which college shall be a necessary and sufficient qualification for the practice of medicine in this State.

SEC. 3.—All graduates of reputable medical colleges granting diplomas under proper authority, practicing medicine in this State on the first day of October, eighteen hundred and eighty-five, shall be admitted into membership in the College of Physicians and Surgeons of Michigan, by the simple registration of their names as hereinafter provided.

SEC. 4.—All physicians who are graduated, or who have been, at the time when this act shall take effect, in the continuous practice of medicine for seven or more years in the State of Michigan, will be admitted to membership in the College of Physicians and Surgeons of Michigan.

SEC. 5.—After the first day of December, eighteen hundred and eighty-five, all persons who have not registered up to that date, whether in possession of a diploma or not, shall be required to pass an examination before a Board of Examiners, to be appointed as hereinafter provided, as a requirement for admission to the College of Physicians and Surgeons of Michigan; and no unregistered physician shall continue in the practice of medicine after said last-mentioned date, until he or she has first complied with the provisions of this section.

SEC. 6.—The Board of Examiners shall be appointed by the Governor of the State, on or before the first day of October, eighteen hundred and eighty-five, and shall consist of the following members, viz.: One physician from each of the congressional districts of the State, and one member to be appointed from the State at large, of whom at least three from the "homeopathic" and three from "the regular" school of medicine shall be continuously on the Board; provided, that no member of said Board shall during his term of office be a teacher, professor, lecturer or officer of any medical college. The term of office of the members of this Board shall be six years; provided, that the first appointments shall be as follows: The members from the First, Third, Seventh and Eleventh congressional districts shall be appointed for two years; and the members from the Second, Fourth, Eighth and Tenth congressional districts shall be appointed for four years; and the members from the Fifth, Sixth and Ninth congressional districts, and the member-at-large, for six years.

SEC. 7.—Every person appointed a member of said Board shall within thirty days after notice of his appointment, and before entering upon the duties of his office, go before a circuit judge or a circuit court commissioner, and make oath that he is a graduate of a legally organized medical college, and that his diploma was obtained upon merit and not by any act of collusion or purchase, and that he will faithfully perform the duties of medical examiner as required by this act.

SEC. 8.—The Board of Examiners shall meet at the city of Lansing on the first Tuesday of December, eighteen hundred and eighty-five. Meetings may be called subsequently at such place and time as any four members of the Board may elect, by notice served personally or sent by mail two weeks previous thereto, or in such other manner as they may direct, and all meetings may be lawfully adjourned at their pleasure. Seven members of the Board shall form a quorum for business, and any four may hold a meeting open by adjournment, from time to time, not more than two weeks in all. The Board shall organize by electing from its members having the shortest term of office a president and treasurer, and it shall also elect at the same time a secretary who shall not be a member of the Board. The duties of these officers shall be as those of like officers in other organizations, but in addition the President—and in his absence the President *pro tem.*—shall have authority to administer oaths, and the Board to take testimony in any matter relating to its duties, and the secretary shall perform such other additional duties as are hereinafter in this act set forth. The said Board shall adopt a seal with which the secretary shall stamp all official documents. It shall also adopt all needful by-laws to more particularly define the duties of its officers, and to effect its purposes within the powers conferred by this act, and it shall by such by-laws also fix the times and places of its meetings.

SEC. 9.—The examination for membership in the College of Physicians and Surgeons of Michigan to be conducted by the Board shall be to determine the proficiency of the applicant in at least the following subjects, to wit: Anatomy, Physiology, Pathology, Chemistry, Obstetrics, Operative Surgery, Practice of Medicine, and Hygiene.

SEC. 10.—The secretary shall occupy an office in the city of Lansing to be provided by the State Board of Auditors, and shall attend all meetings of the Board of Examiners, and perform all the duties which pertain to such office. He shall keep a record of all examinations and also in a book provided for such purposes a complete list of all the members of the College of Physicians and Surgeons of Michigan, which book shall at all times be open for inspection by all duly-registered physicians and the public. He shall issue to each person thus registered a certificate of such registration under the seal of the Board, and attested by the signature of the president. He shall from time to time,—at intervals of not less than two years—under direction of the Board prepare for publication a correct register of

all the names of the registered physicians in alphabetical order according to their surnames, with the respective residence and the date of registration of each; and, if graduates, the date of graduation, and alma mater.

SEC. 11.—A copy of this register prepared as above, shall be *prima facie* evidence in all courts that the persons therein specified are duly registered according to the provisions of this act. In case any person's name does not appear in such published copy of the register, who is entitled to be registered, the certificate of registration as hereinbefore provided, shall be evidence that such person is duly registered under the provisions of this act.

SEC. 12.—Each legally graduated physician who shall apply for admission to the College of Physicians and Surgeons of Michigan, shall accompany his or her diploma with an affidavit that the holder and applicant is the lawful possessor of the diploma and is the person therein mentioned, and that such diploma has been secured on merit and by no act of collusion or purchase. Such affidavit may be made before any person authorized to administer an oath, and the same shall be attested by the seal of a court of record. Graduates may present their diplomas and affidavits as provided in this act by letter or proxy, and the secretary shall issue his certificate as if the owner of the diploma applied in person.

SEC. 13.—The registration fee shall be three dollars, which sum shall be paid as a condition of registration. Each registered physician shall pay to the Secretary as annual dues on or before the first day of October of each year, commencing with the year eighteen hundred and eighty-six, the sum of one dollar, and the payment of this sum shall be in advance, for dues for the ensuing year, and shall be a condition of continued membership in the College of Physicians and Surgeons of Michigan. A failure to pay such annual dues shall be sufficient to warrant the Board in striking the name of the delinquent from the list of registered physicians. Candidates for membership in said College of Physicians and Surgeons who are not in lawful possession of recognized diplomas shall deposit with the Secretary ten dollars, which sum shall include the registration fee in the event of the applicant's successful examination.

SEC. 14.—Any person shall be regarded as practicing medicine within the meaning of this act, who shall profess publicly to be a physician or surgeon and to prescribe for the sick, or who shall append to his or her name the letters M. D., or call himself or herself a doctor, or who shall profess to cure or treat any one for disease or injury. But nothing in this act shall be construed to prohibit students from prescribing under the supervision or direction of preceptors, or to prohibit gratuitous services in cases of emergency. And this act shall not apply to commissioned surgeons or assistant surgeons of the U. S. Army or Marine or Naval Hospital service, or nurses prescribing domestic remedies.

SEC. 15.—The members of the Board shall receive as compensation for their services a *per diem* allowance, not to exceed ten dollars, during the actual session of the Board. The secretary shall receive a salary to be fixed by the Board. Provided, that all necessary expenses incurred in the performance of his duties shall be audited and passed upon by the State Board of Auditors, as other claims; provided, also, that all expenses incurred by the Board and the compensation of its members and officers, shall be paid out of the money collected by the Board, as herein provided.

SEC. 16.—The secretary and treasurer shall give bonds of $5,000.00 each, conditioned on the faithful performance of their several duties under this act, and further conditioned as the by-laws of said Board may direct.

SEC. 17.—Any person living in this State, or any person coming into said State who shall practice medicine in any of its departments, or perform, or attempt to perform, any surgical operation upon any person within the limits of this State, in violation of the requirements of this act, shall be deemed guilty of a misdemeanor, and, upon conviction thereof, be fined not less than twenty-five dollars, nor more than one hundred dollars for each and every offense, or be imprisoned in the county jail not less than twenty days, or more than three months, or both such fine and imprisonment, in the discretion of the court, and also the costs of prosecution; and in no case wherein this act shall have been violated, shall any person so violating receive a compensation for services rendered: provided, that the provision of this act shall not apply to reputable physicians from other States or countries, who may be requested by a registered physician of this State to meet him in consultation in a particular case. All moneys received for fines shall be turned over by the officer collecting the same, to the treasurer of said Board.

Correspondence.

RECTAL ALIMENTATION.

It is barely possible that some of your readers may remember a discussion that occurred a long time ago between the editor of the Therapeutic Gazette and myself on the question, What is the limit to rectal injections? I held very positively to the opinion that, in the normal condition, a liquid forced into the rectum

could not pass the ileo-cæcal valve; while the editor held to the contrary.

Even at this late day I find it is a pleasure to call attention to some experiments made by DR. W. W. DAWSON, professor of surgery in the Ohio Medical College. These are given in detail in the Lancet and Clinic, of Cincinnati, for February 21. The results are: In *fourteen* experiments the valve yielded *twice*. In the remaining twelve cases the colon filled, filled to distension, in one or two instances to rupture, *but not one drop of fluid passed from the colon to the ileum.*

In one experiment he removed sections of the ileum and colon, but he could not pass the valve with either air or fluid. The conclusion he draws is as follows: "The experiments performed show that the valve when intact—when in normal condition—will not allow retrograde passage." In the two cases mentioned above he says, "the valve was, doubtless, imperfect." So, you see, I still hold to the belief that in the normal condition, and as an almost invariable rule, rectal injections of foods are *not* carried past the ileo-cæcal valve and into the stomach, for digestion.

C. H. STOWELL, M. D.

ANN ARBOR, Mich.

AN EFFECT OF CANNABIS INDICA.

Although not myself a physician, I am the wife of one, and am an interested reader of his medical periodicals. Having had a little personal experience with cannabis indica, I have been induced to contribute, in my own language, a description of my sensations under its action. I had been in the habit of taking the drug for a neuralgic headache, to which I am subject, and had never experienced any other effect from its use than relief of the pain. During the summer, however, I contracted a severe cold, and when my menstrual epoch arrived, the flow was very profuse, accompanied by severe pain in the left ovary. For the relief of these symptoms my husband gave me some cannabis indica. The first dose was without appreciable effect. After the second dose, however, as I sat reading in the chair I experienced a peculiar lightness in my head and a dimness of vision, the sensation in my eyes being as if they were filled with dust, which I essayed constantly to wipe off. Not at the time suspecting the medicine to be the cause of these sensations, I took the third dose. My head now became so heavy that my neck was unable to support it, and my arms became so powerless that I could not raise them. The sensation at the back of my head was as if it had been turned into stone. My mental impressions were, however, of the most delightful nature, and I saw enchanting sights. Alarmed, at these feelings, the drug was suspended, when they gradually subsided. Although my accustomed dose had not been exceeded, a new and evidently powerful preparation of it had been administered.

C. M. B.

The Medical Age.

A SEMI-MONTHLY REVIEW OF MEDICINE.

JOHN J. MULHERON, M. D., Editor.

—PUBLISHED BY—

GEO. S. DAVIS, Medical Publisher, Box 470.

DETROIT, MICH., MAR. 10, 1885.

Editorial.

THE INDEX MEDICUS.

We take pleasure in announcing that MR. GEORGE S. DAVIS, of Detroit, has undertaken to continue the publication of the Index Medicus on the same general plan, and with the same regard to typographical accuracy and finish as heretofore.

On account of the delay required to perfect this arrangement, the first number of the journal for the current year will comprise the literature of January, February, and March, after which it will appear monthly, as usual.

At the end of the year, in addition to the usual annual index of names, subscribers will be furnished with an index of subjects to the volume.

So many expressions of regret and urgent remonstrances in regard to the threatened discontinuance of the Index Medicus bave been received, that we think that we may venture to congratulate the profession on MR. DAVIS' public-spirited determination to carry on the enterprise in spite of the fact that thus far it has not been pecuniarily remunerative.

It is requested that all exchanges, and books and pamphlets for notice, be sent to the Index Medicus, Washington, D. C.

JOHN S. BILLINGS, M. D.
ROBERT FLETCHER, M. D.

To the subscribers of the Index Medicus:

MR. GEORGE S. DAVIS, medical publisher, of Detroit, Michigan, having undertaken, with the full approval of DRS. BILLINGS and FLETCHER, to continue the Index Medicus as his own enterprise, the undersigned, as the recent publisher of that journal, gives notice that the good will has been transferred by MRS. F. LEYPOLDT, administratrix of the estate of FREDERICK LEYPOLDT, to MR. GEORGE S. DAVIS, and a continuance of the cordial support given by so many of the faculty to the publication during MR. LEYPOLDT'S lifetime, is asked for the enterprise of MR. DAVIS, in

the hope that his relations with the medical profession will enable him to obtain sufficient further support to make the enterprise self-sustaining.

R. R. BOWKER.

With its December, 1884, number, the Index Medicus closed its sixth volume, and with that number its publication was suspended. The six years of its life was a most precarious existence, and had it not been for the generous liberality of certain members of the profession, it must have gone under at the end of its second year. Its publisher, MR. F. LEYPOLDT, of New York, had invested quite heavily in the enterprise, with the hope that his efforts would, within a reasonable period, be rewarded with commensurate returns. At the end of the second year, however, he found not only that the balance was on the wrong side of his ledger, but that the financial outlook was far from encouraging enough to justify further outlay. In this emergency a sufficient number of voluntary pledges were made to induce him to continue. With the aid thus given he was enabled "to make ends meet," and at the end of three years more, when the pledges expired, he hoped by increasing the subscription price to ten dollars to make the publication self-sustaining. During the past year, however, MR. LEYPOLDT died, and his estate felt compelled to suspend the publication. This suspension was a misfortune, the greatness of which those most active in the higher professional work were best qualified to comprehend. It was felt to be all the greater because of the contemplated difficulty of securing anyone who would be willing to take hold of a publication whose history presented such an indifferent financial showing. In this emergency, our publisher, MR. GEORGE S. DAVIS, whose reputation for enterprise and intelligent liberality in professional matters is so well known, was requested to come to the rescue, and it gives us pleasure to announce that he has consented to assume the publication.

The Index Medicus is a monthly classified record of the current medical literature of the world; and, in view of the immense volume of this literature which is being given from the press in these later days, it is absolutely indispensable to those who desire to extend their researches in any particular direction. The only place where such a record is now kept is at the office of the Surgeon-General, at Washington; but while this is open to all who wish to consult it, it is clearly impracticable for all who may desire so to do, to make a trip to Washington for that purpose. Through the publication of the Index Medicus this record becomes available to practitioners everywhere. DR. JOHN S. BILLINGS, U. S. A., and ROBERT FLETCHER, M. D., M. R. C. S., generously donating duplicate copy, as fast as it is prepared, for this publication.

The addition of the annual *Subject Index*, as announced, will greatly add to the usefulness of the work. It will enable the reader at a glance to discover, at the end of the year, the journals containing articles on the particular subject in which he is interested. The additional labor and cost of preparing such an index is very considerable, but MR. DAVIS has, nevertheless, acceded to the request of the editors that it be published. This addition will make the Index Medicus simply perfect for the use for which it is intended. Its non-appearance heretofore, has been due to the fact that the cost deterred the previous publishers from making it.

Now that the publication of the Index Medicus has passed into new hands, it is confidently expected that the difficulties which have heretofore beset it will be overcome. MR. DAVIS is one of the class of men who count on no possibility of failure in any enterprise in which they engage; and if success is among the possibilities in this new venture, it is safe to predict that he will achieve it. This success must, however, necessarily depend on the extent to which he can interest the profession, and it is confidently hoped that there will be no lack in this regard. The publication is one which it is the duty of the profession to cordially support; and while the subscription price (ten dollars) is rather high, except for those on whom fortune has smiled, there are, fortunately, a sufficient number of the latter in this country and in Europe, to make the venture a financial success. No live, working practitioner, having anything more than a mere pecuniary interest in his calling, can afford not to have the Index Medicus conveniently at hand for reference. If he feels that the cost is more than his means will justify, he should insist on his medical society subscribing for a copy. Certainly not a single medical society in this country should be without it. The indifferent support which has heretofore been accorded the Index Medicus is not creditable to the medical profession of this country; it has, indeed, been the subject of remark abroad. We believe this stigma is in a fair way to be removed.

GENERAL GRANT'S CONDITION.

For some time there was a vague suspicion that the affection of the tongue from which GENERAL GRANT was known to be suffering and which had been ascribed to the irritation of a sharp tooth, was of a malignant nature. These suspicions were, however, allayed by an apparently authoritative editorial in the Medical Record, in which it was stated that all fears

of grave complications were for the present at an end, all the more serious and alarming symptoms having entirely disappeared. This article quoted by the Associated Press in its dispatches, had the effect of relieving the mind of the nation, in whose heart GENERAL GRANT was found to be all the more an idol when it was thought that he was the victim of a fatal disease. But scarcely had the assurance been given when it was discovered that it was scarcely warranted, the symptoms having suddenly assumed a threatening character.

The first symptoms of GENERAL GRANT'S affection appeared last August, when he was advised to immediately place himself under treatment. This advice was, however, disregarded until October, when an ill-conditioned ulcer was discovered on the tongue opposite the tonsil. Under treatment the pain, which had at times been severe, grew more tolerable, and the destruction of tissue was for a time somewhat retarded. Having been addicted to the excessive use of tobacco, his habit in this regard was corrected, and several defective teeth were extracted in the hope of relieving the sore from irritation and promoting its healing. This hope was partially realized and for a time, as already stated, the suspicion of malignancy was allayed. During the past two weeks, however, unmistakable symptoms of epithelioma have developed, and microscopical examination of fragments has shown groups of the characteristic cells. The disease has involved the tonsil and fauces on the right side, and the contiguous tissue, to such an extent as to put an operation quite out of the question. The general condition of the patient has also suffered, and on the whole the symptoms point to an early termination in death.

The pain of the ulceration is greatly aggravated by the acts of talking, mastication and swallowing, but in the midst of it all the illustrious sufferer is patient and cheerful, and devotes such times of comparative freedom from pain as occur, to the completion of the literary work on which he is engaged. In his conflict with the inevitable destroyer he is still the hero, bravely doing his duty, and with a full knowledge of the malignancy of his disease, unrepiningly awaiting the end. It is a gratification to note that applications of cocaine give him seasons of relief, and mitigate very materially the pain of deglutition.

Some surprise having been expressed that GEN. GRANT'S condition should have become so grave immediately after the Medical Record's assurance that there was no danger, the following note from his attending physician will be read with interest:

24 EAST THIRTY-EIGHTH STREET.

DEAR DOCTOR SHRADY:

The statement which I made to you was literally true at the time that I made it, and I am certain that DR. DOUGLAS would then have made precisely the same. I saw DR. DOUGLAS last evening, and he then said, that what I had told you was exactly what he would have said at the time. But the Monday after I saw you, the action of Congress had a most depressing effect on GENERAL GRANT; his vital powers suddenly broke down, and the local malady speedily assumed a new aspect. The newspaper accounts have been greatly exaggerated, and we have never anticipated any such a speedy termination as they have indicated.

I do not believe that DR. DOUGLAS ever used the word of cancer in connection with the case. We have always spoken of it as epithelioma, of a malignant type probably. It was greatly improved for a time by the local treatment of DR. DOUGLAS, and the local condition was manifestly improving until the moral shock broke down his general system.

Ever faithfully,

FORDYCE BARKER.

WEDNESDAY NOON, MARCH 4, 1885.

MANUAL EXPLORATION OF THE RECTUM AND RECTAL INJECTION.

In a lecture recently delivered before the class of the Medical College of Ohio, PROF. W. W. DAWSON demonstrated on the cadaver, the feasibility of introducing the hand into the rectum, and even into the sigmoid flexure of the colon. These experiments corroborate the claims of other surgeons to having accomplished similar results in the case of the living body, brought fully under the influence of chloroform. The dilatation must be careful and gradual—first the finger, then half the hand, and then the entire hand and forearm. Hands, of course, differ in size and so do rectums, but the rule which has been deduced from attainable data, fixes the size of the hand at from seven-and-a-half to nine inches. Nothing less than absolute experience can determine the effect of such a dilatation of the sphincter on the future usefulness of the muscle, and the consensus of opinion of those who have performed the operation is that nothing more than a temporary incontinence of fæces results. The discovery of the possibility of thus exploring the intestines introduces a valuable aid to the diagnosis of abdominal affections, as diseases of the uterus, ovaries, etc.; the bladder may also be thus examined and the presence of calculi and their number determined. In two cases of ovarian cyst Simon, who first suggested this means of exploration, was able to determine by it the length and thickness of the pedicle, the absence of adhesions in the pelvis, and the presence of two fibrous growths, each as large as a cherry-stone, in the fundus of the uterus,

the operation verifying the results of the examination.

Dr. Dawson, in the demonstration above referred to, took occasion also to determine the limit of bowel injections. There are those (see Dr. Stowell's communication in present number), who maintain that the ileo-cæcal valve is impermeable from below upwards, and that the passage if anything from the large into the small intestines is impossible. In the present instance the fluid injected into the rectum by means of a powerful syringe was observed to readily pass through the valve after the colon had been comfortably distended. It is but just to state, however, that this was but the second case out of fourteen experiments made by Dr. Dawson, in which this permeability was demonstrated. It would seem, therefore, that, in the cadaver at least, the ileo-cæcal valve interposes an effectual shut-off between the large and the small intestines. It should not be forgotten, however, that while in the cadaver the valve is a mere mechanical apparatus it may be something more in the living subject, and especially when the intestines, as in the case of strangulated hernia, are disturbed by disease. Demonstrations on the inanimate body are not always reliable guides to conditions obtaining in the living subject.

THE VERNAL GRIST OF DOCTORS.

With the approach of the vernal equinox, when nature, in these northern latitudes, begins to arouse herself from her hibernation, the medical schools also open their gates and send forth the fledgelings which they had, for a greater or lesser time (lesser, usually), been incubating. The air is already vocal with the reverberations from the platforms of commencement exercises, and soon the symphony will have reached its culminating volume. It was Abernethy, we think, who thus tersely addressed a class of young doctors whom he had assisted to make: "God help you, young gentlemen; I can't imagine what is to become of you all." But Abernethy was an old fogy. No such abrupt expressions ever mar the musical cadence of the valedictory address in these later times. The muse is placed under tribute for beautiful phrases with which to start the fledgeling off on his flight for the pinnacle of fame. He is imbued with a sense of the dignity of the calling which he has entered; and great honor, and the satisfaction which comes from duty well done, are held up as the prizes for which he should strive. Little or nothing is said of the returns of a pecuniary nature. Such a sordid thing as money must not be mentioned in a connection so sacred. The *couleur de rose* must not be tinged with dismal hues. It would, moreover, be senselessly cruel to disturb the bright dreams of commencement night. The young philanthropist has put his hand to the plough, and naught but dearly-bought experience can make him look back. Then why should his poetry be mixed with prose? Let him extract all the poetry he can out of the occasion; the prose will come soon enough.

The two medical colleges of this city swelled the ranks of the profession, last week, by their contribution of forty-one graduates, twenty-two of whom came from the Michigan College of Medicine, and nineteen from the Detroit Medical College. The commencement exercises of each were fully up to the standard for such cases made and provided. Drs. O. W. Wight and Daniel LaFerte delivered the addresses for the former, and Dr. A. S. Smart and Rev. Dr. O'Reilly for the latter. After the close of the commencement exercises proper, each of the colleges entertained the profession with a banquet, which furnished an additional opportunity for the expression of the cordial feelings which have latterly marked the relations of the two schools, and which, it is expected, will soon culminate in the two being made one flesh. It is really gratifying to note the era of good-will and brotherly affection which has dawned in the profession of this city. The heart-burnings, recriminations and jealousies born of bitter rivalry, are now about to be swallowed up in an ocean of love. This is as it should be. May the placid surface of this ocean never more be ruffled by the fierce storms which were wont to blow!

PERMANGANATE OF POTASSIUM.

Dr. Franklin H. Martin contributes to the Chicago Medical Journal and Examiner, February number, an elaborate article, based on his own experience, in the uses of manganese and its preparations. He has found that this substance is useful not only in amenorrhœa, but also in menorrhagia and metrorrhagia, and gives some points which Drs. Ringer and Murrell failed to make in their introduction of it. He regards it as a direct stimulant to the uterus and its appendages, by acting as a vaso-motor nerve stimulant to the vascular supply of the parts. Even when the cause of the depressed innervation is still acting, the remedy exerts its stimulating power over the menstrual mechanism, as was illustrated by its action in restoring menstruation which had been suppressed in cases of phthisis. In young girls who are irregular in the early months of menstrual life, where it is simply caused by natural weakness of the partially developed organs of generation, or where, from an overworked nervous system, the organs are robbed of their natural nerve force, it seems

to possess the stimulating properties requisite to bring them into healthy action. In cases of suppression, cessation or excess of menstrual flow, caused by catching cold, with no other apparent cause, DR. MARTIN vouches for most gratifying results from the use of manganese.

Menorrhagia and amenorrhœa, though so different in their outer manifestations, are, nevertheless, very often dependent on the same causes. When the cause is anæmia, or any depressing constitutional disease, producing a perversion of the functional activity of the menstrual organs, and their perverted action consists of an irregular or excessive flow, this condition, DR. MARTIN says, will as readily succumb to the stimulating effects of manganese as when the opposite condition exists.

DR. MARTIN calls attention to certain practical points which it is well to bear in mind in prescribing manganese. Permanganate of potash (the original preparation used) has a disagreeable, distressing effect on the stomach when taken undiluted, which may be obviated by taking it in an empty stomach—immediately after eating—or dissolved in considerable water. In exhibiting the permanganate in pill form it must be remembered that excipients ordinarily used by dispensers will produce with the drug spontaneous combustion. Dr. M. has found dry gelative capsules to be the most convenient form in which to administer it. We believe he would find the sugar-coated pills, made by PARKE, DAVIS & CO, much more convenient and efficacious. In these the excipient is an inorganic material and not liable to decomposition in the presence of the salt.

EVERY MAN HIS OWN LIFE-PRESERVER.

DR. SYLVESTER, whose name is familiar to the profession as that of the author of the SYLVESTER method of artificial respiration, has recently advanced a novel method of reducing the specific gravity of the body to such an extent as to make it float in water. It consists in making a small puncture in the mucous membrane of the mouth at, say in the angle formed between the gum of the lower jaw and the side of the under lip or cheek, about opposite the first molar tooth of the lower jaw. The point of the perforating instrument should be passed down a short distance between the skin of the side of the face and the superficial fascia of the neck, taking care not to puncture either the skin or the superficial fascia, the object being to open a communication for the passage of air from the cavity of the mouth into the subcutaneous spaces of the neck. The opening having been made, the patient should close the mouth and nose, and make forcible expiratory efforts, when the air contained in the cavity of the mouth will pass freely into the subcutaneous tissue of the neck, whence it will pass readily down on both sides of the neck as far as the nipples. This result achieved, the body becomes buoyant in water. The time required for inflation is said to occupy about three minutes, and the inflation may be kept up by pressure on the ouside of the cheek over the puncture, or by keeping the mouth distended with air.

We have not qualified ourselves to vouch for the efficacy of this method, but the operation is said to be a harmless and painless one, quickly done and speedily recovered from. No technical knowledge is required for its performance, and no special apparatus is required. In an emergency the point of a pen-knife, or even a sharp-pointed splinter of wood would answer the purpose, and the inflating apparatus is the person's own lungs. If experience shall prove its efficacy, it will certainly prove to be a very valuable invention, and a knowlege of it should be freely disseminated.

MENTHOL FOR BURNS.

We are informed by trustworthy authority that the application of menthol to burns is followed by prompt relief of the pain. The explanation of how it does so is not attempted, and we make simple mention of the alleged fact. The physiological action of the drug is first to irritate, and the irritation is subsequently followed by a condition of anæsthesia. Whether, therefore, it acts "homœopathically" in burns, by exhausting the irritability of the nerve-endings, or through some inherent anæsthetic property, has not yet been determined. It is, however, essential in order to derive the expected benefit from the application that pure menthol be employed. It is a notorious fact that in many of the "pencils" on the market paraffin and thymol are largely employed as adulterants, while in some instances they are made entirely of pip-menthol or American menthol. We would suggest that in employing the drug in burns care be taken to secure pencils made of the unadulterated Japanese article; otherwise a possibly valuable remedy may be brought into disrepute. It is a demonstrable fact that failures of menthol pencils to produce expected results, have been traceable to the employment of spurious and adulterated menthol.

JABORANDI AS A GALACTAGOGUE.

DR. CHARLES WESLEY ROOKE, of Quincy, Ill., reports in the Journal of the American Medical Association of the 28th ult., the result of his use of jaborandi in several cases of suppression of the mammary secretion in nursing women. From his experience he is convinced that the drug, in addition to being a valuable

diaphoretic, has, first, a special stimulating effect upon the mammary secretion; second, the continued exhibition of the agent causes functional exhaustion of the glands; and, third, a functionally exhausted mammary gland may, after an interval of rest, be again stimulated to activity by the proper exhibition of jaborandi. The dose in which he exhibited it was thirty minims of the fluid extract at intervals of half an hour, until free perspiration and salivation was produced.

DISINFECTANT FOR SICK-ROOM.

The following compound has been presented to the Berlin Medical Society for purifying the atmosphere of the sick-room:

Oil of rosemary, 10 parts.
Oil of lavender, 2½ parts.
Oil of thyme, 2½ parts.
Water, 30 parts.
Nitric acid, 1½ parts.

The bottle should be shaken before using, a sponge saturated in the compound and left to diffuse by evaporation. The mixture is said to possess remarkable power in disguising odors, but whether it does so as a true disinfectant or merely by substituting its own odor, is not stated. We should judge, however, that this combination of oils would generate a considerable amount of ozone.

DR. WILLIAM BRAITHWAITE, the founder of Braithwaite's Retrospect, died at his home in Leeds, January 31st. He was born in 1807, and had thus attained his seventy-eighth year. The Retrospect was started in 1840, and is familiar to the English-speaking profession everywhere. It was published in this country during the same year, and has been continued until this time, advance copy being received from England in time to permit the simultaneous appearance of the journal in both countries. DR. JAMES BRAITHWAITE, the founder's son, who has been the practical editor for the past twenty-five years, will remain in the same capacity, and MR. W. A. TOWNSEND, the American publisher, will continue to issue it as heretofore.

The Medical and Surgical Reporter submits as a guide to the selection of a reliable preparation of a drug, the fact that trustworthy manufacturers are free advertisers in the medical journals. Houses which do not advertise through these channels do not do so for good reasons, and prefer the surreptitious method of private circulars and irresponsible drummers, whose statements made privately cannot be contradicted, to the open, manly, straightforward declarations in the legitimate channels. We have never looked on this matter in this light before, but there seems to be considerable reason in it. It is certainly a fact, that the most liberal advertisers are those who enjoy the greatest confidence of the profession.

DR. J. E. GARRETSON says in the Boston Medical and Surgical Journal: "I compliment the man who, in this dollar-and-cent age directs attention to the flaws of American medical education at the expense of his own pocket. A full half of the young men who come to Philadelphia to study medicine should be turned face about and sent to a village school." These are wise words and fitly spoken. The place to intercept incompetents is at the entrance of the medical schools rather than at their exit. The class of young men who are to do credit to American medicine are to be found in the medical colleges which have a high matriculation standard—and live up to it.

The following test for sugar in the urine has for several years been employed by DR. J. NORTH, Professor of Chemistry in the College of Physicians and Surgeons, of Iowa: Place a few drops of the suspected urine on a piece of bright tin, and heat over a spirit lamp until evaporated, and then continue the heat a few moments. If sugar be present, it will be accurately indicated by the characteristic odor of burnt molasses, and by the puffy, carbonized appearance. If no sugar be present, it will be as distinctly shown by the characteristic odor of urine and by a bright, smooth, varnish appearance of the tin.

DR. LOUIS ELSBERG, the introducer of laryngoscopy into this country, the first who practiced laryngology and rhinology as a specialty in America, and the first to establish a throat clinic in any country, died at his residence, in New York, on the 19th ult., aged 48 years. His death resulted from pulmonary œdema, consequent on a cold contracted in returning from a lecture given at the Polyclinic. He had been suffering from Bright's disease for two years. DR. ELSBERG was known wherever laryngology is studied, and this department of medicine suffers an irreparable loss through his death.

The Journal of the American Medical Association, in a report of the benefits derived from the muriate of apomorphia in two cases of bronchial asthma, permits the reporter, DR. G. W. WEBSTER, to say that the dose, $\frac{1}{20}$ grain every three hours, was given *per orem*. We had fondly hoped that such Latinity had been eliminated from our literature, but when we see it looming up before us in the representative journal of the American medical profession, we are constrained to believe that our recent efforts to establish the fact *os* is a noun

of neuter gender, have been in vain. Truly reforms are slow of growth.

CARL KOLLER, the medical student who discovered the anæsthetic properties of cocaine, adds fighting to his other scientific attainments. He recently became involved in a quarrel with another student, one of BILLROTH'S assistants, in which the latter received a wound which may prove fatal. How much better it would be, and how much more professional, if these young men would but confine themselves to the legitimate instruments of their calling — hypodermic syringes, for instance, at ten paces.

Texas Siftings tells of the way doctors collect their bills down there. Dr. BLISTER presented his bill of $150.00 to MOSES SHAUNBURG. MOSES was shocked at the size. "Vy, mine GOTT," he exclaimed, "two funeral in dot family would not haf cost me so mooch as dot." "Its not too late to have a funeral yet," returned the urbane doctor, as he brought out an army-size revolver. MOSES took the hint. Wonder how a little of that would work in this latitude.

The French Academy of Sciences having offered a prize of 40,000 for a certain test of death, in order that people might be guarded against being buried alive, is reported to have awarded it to the following: Hold the hand of the supposed dead person between the eye and a strong light; if living, a scarlet tinge will be seen where the fingers touch, showing a continuous circulation of the blood; no scarlet tinge being seen, the person may be pronounced dead.

Our readers will be delighted to learn that DR. LEGARE WISTCHNNEWETTZKY, of Taganrok, Russia, is to add his sesquipedalian name to the long list of resident physicians in New York City. We should advise DR. WIST-and-so-forth to signalize his arrival by an application to the legislature for an abbreviation of his patronymic. Such a name might do to practice with in Russia, where telephones are scarce, but it will make confusion worse confounded in New York.

PROF. BARTHOLOW, at a recent clinic, declared that as a rule the criminal classes, and especially the hereditary, have an imperfect ear development. A full, distinct, well-developed lobe indicates high mental development. This, we think, will be found on observation to be true, although the converse does not always hold.

A novel method of treating post-partum hæmorrhages is that introduced by a German practitioner. He tampons the vagina with his fist, and prevents escape of blood by clasping the labia about the wrist with the other hand, an assistant meanwhile making pressure over the uterus.

"Are you having much practice now?" asked an old doctor of a young beginner. "Yes sir, a great deal, thank you," was the reply. "Ah, I am delighted to hear it. Pray, in what line does your practice particularly extend?" "Well, sir, particularly in economy."

A solution of sulphate of hydrastine, two grains to the ounce of distilled water, is said to be an excellent wash for inflamed and granulated lids. It is known as the "Golden Eye-Water."

A medical witness is reported to have testified before a recent coroner's jury in a Michigan town, that in his opinion the deceased was not conscious of his death.

Book Notices.

INTESTINAL OBSTRUCTION: Its Varieties, with their Pathology, Diagnosis, and Treatment; the Jacksonian Prize Essay of the Royal College of Surgeons of England, 1883. By Frederick Treves, F. R. C. S., Surgeon to and Lecturer on Anatomy at the London Hospital; Hunterian Professor of Anatomy at the Royal College of Surgeons of England. With 60 illustrations.

Philadelphia: Lea Brothers & Co.
Detroit: Phillips & Hunt.

It will surprise most of our readers to be told that the deaths from intestinal obstruction in England every year, number over two thousand. If the same ratio holds good in this country, the mortality from this cause must reach nearly five thousand. It would, therefore, seem meet that an affection of such prevalence should have a treatise especially devoted to its consideration. Such a treatise is the book before us. It is written by one than whom no contemporaneous surgeon is more qualified to do the subject justice. This statement is verified alike by his reputation previously earned, and by the result of his present effort. The book treats of all known causes of obstruction of the intestines, fully describing their mechanism and the pathological conditions which they induce, and discussing, in the light of existing knowledge, the methods of relief. It is an admirable treatise, and richly merits the encomiums which have been passed on it by those who have carefully studied it.

A HANDBOOK OF OPHTHALMIC SCIENCE AND PRACTICE. By Henry E. Juler, F. R. C. S., Junior Ophthalmic Surgeon to St. Mary's Hospital; Senior Assistant Surgeon and Pathologist to the Royal Westminster Ophthalmic Hospital; formerly Clinical Assistant at the Royal London Ophthalmic Hospital, Moorfields. With one hundred and twenty-five illustrations.

Philadelphia: Lea Brothers & Co.
Detroit: Phillips & Hunt.

This is the latest work on Ophthalmology given from the press. It has been received with such great favor abroad, that the American publishers have done well in thus making it readily accessible to the profession of this country. It is essentially an original work, and is richly illustrated with colored plates, made from drawings from cases met with in the course of the author's clinical work. These plates are in many instances quite unique, being most life-like representations of the various diseases which they are intended to illustrate. They embrace representations of pannus, pterygium, local keratitis, interstitial keratitis, punctate keratitis, ulcer of cornea, phlyctenular conjunctivitis, plastic iritis, posterior synechiæ, hypopion, blood in anterior chamber, dislocations of lens, and the various forms of cataract; and the practitioner who has not enjoyed the advantages of clinical instruction in these affections, will find them invaluable aids to diagnosis. There is probably no other work on this subject which is calculated to be of so much service to the general practitioner. The mechanical part of the book is a model of the publisher's art, the paper, press-work, illustrations and binding being of a very high order of excellence.

THE ELEMENTS OF PHYSIOLOGICAL PHYSICS: An Outline of the Elementary Facts, Principles, and Methods and Physics, and their Applications to Physiology. By J. McGregor-Robertson, M. A., M. B., C. M., Muirhead Demonstrator of Physiology, and Assistant to the Professor of Physiology in the University of Glasgow. Illustrated with 219 engravings on wood.
Philadelphia: Lea Brothers & Co.
Detroit: Phillips & Hunt.

This is a characteristically scientific little work, treating of nothing but demonstrable facts in their applications to the structures of the living body. Physiology, as it stands to-day, is largely dependent for its development on physical and chemical principles and laws. A thorough insight into the works of the body is impossible without a familiarity with physics, the different branches of which are taken up one after another in the book before us, and their action in the living body clearly demonstrated. Electricity and magnetism, and their applications in physiology and medicine, come in for a somewhat exhaustive consideration. The graphic method, the mechanics of the circulation, pneumatics, optics, sound, heat and dynamics, are also taken up in regular order. The book is one of the kind with which the student of physiology as the science exists to-day, must make himself familiar. While it does not discuss its several subjects exhaustively, it does so with sufficient thoroughness for the purpose it has in view. Its style is concise, clear and readable.

INSANITY AND ALLIED NEUROSES: Practical and Clinical. By George H. Savage, M. D., M. R. C. P., Physician and Superintendent of Bethlem Royal Hospital; Lecturer on Mental Diseases at Guy's Hospital; Joint Editor of the "Journal of Mental Science." With 19 illustrations.
Philadelphia: Lea Brothers & Co.
Detroit: Phillips & Hunt.

An effort is made in this book to describe insanity and trace its life history. The legal relationships of the insane are also explained, and the duties of the physician, who has to be responsible for their safety and welfare, made plain. It declares as a fact that insanity may depend on disease of any part of the body, and proceeds to give the legal and medical definitions thereof. Insanity is held to be a relative term, and that eccentricity, genius and crime are but manifestations of it. This declaration will give some conception of the scope of the book, and will stimulate to its perusal those who insist on the somatic nature of the affection. The various forms of insanity and its allied neuroses are discussed with a conciseness and clearness which is quite unusual, and which are calculated to make the book intelligible to the practitioner whose training has not embraced an exhaustive consideration of this important subject.

Medical Progress.

THE USE OF MANACA (FRANCISCEA UNIFLORA) IN THE TTEATMENT OF ACUTE RHEUMATISM.—(By HERBERT C. ROGERS, M. D., Brooklyn, N. Y., Adjunct Surgeon Long Island College Hospital.)—My attention was first called to manaca by a physician practicing in South America. I am in the habit of giving the fluid extract in ten to twenty drops, using the preparation made by PARKE, DAVIS & CO., of Detroit, Michigan.

Case I.—March 3, 1883. Was called to see JAMES D., aged twenty-one, a native of Ireland; car driver. He had enjoyed good health until three days ago, when he was suddenly seized with a severe chill followed by fever and sharp pains in his limbs. The next morning he was unable to walk. The left knee and ankle were swollen, red, and painful. The right knee had been affected, but got better before he sent for me. He perspires profusely. Suffers most from his pain at night. He complains much of headache. Tongue badly coated. Bowels constipated. Urine deeply colored and free from albumen; specific gravity 1030. Pulse 130. Temperature 104° F. He was ordered five grains of calomel and ten grains of compound jalap powder, also ten drops of fluid extract of manaca every three hours. The painful joints to be covered with cotton.

March 4th, 11:00 a. m. He has had but little sleep during the night. The right knee and ankle have become inflamed. He suffers a good deal from headache. Bowels have moved several times. Examination of his heart negative. Ordered ten drops of tincture of opium with the fluid extract manaca, every three

hours. The painful joints to be wrapped in cloths wet with liq. plumbi et opii. Temperature 104½° F. Pulse 130.

March 5th, 11:00 a. m. Patient passed a better night. Has been able to sleep three hours. Swelling and pain less. Temperature 103½° F. Pulse 120. Headache better. Vomited once towards morning. Bowels have moved three times during the last twenty-four hours. Examination of heart negative. Treatment continued.

March 6th, 3:00 p. m. Still improving. Temperature 103° F. Pulse 120. Stopped opium unless pain should become severe. The fluid extract of manaca increased to fifteen drops every three hours.

March 7th, 10:00 a. m. Pain, heat, and swelling have disappeared from all the joints, with the exception of the right knee and left elbow. Treatment as before. Temperature 101° F. Pulse 114.

March 8th. Temperature 100¾° F. Pulse 110. No change in condition since yesterday.

March 9th. Found patient sitting up. The inflammation has disappeared from elbow. He says he feels well, and wants to go out. Temperature 99¾° F. Pulse 100. Is to take the manaca three times daily.

March 12th. Patient about the house. Says he feels as well as he ever felt in his life, and is anxious to go to work. All joints are in a healthy condition. Appetite good. Is to take the manaca for a few days longer. Careful examination of his heart fails to detect any abnormal murmur.

Case II.—March 22, 1883. FANNIE C., aged twenty-one, born in England, single, a seamstress by occupation. She had been confined to her bed for two days. Complained of pain, attended by swelling and redness, in almost all her joints, particularly of the knee and wrist. She has not been able to sleep for two days. The pulse rapid, 120. Tongue thickly coated. Urine high-colored, free from albumen. Temperature 103° F. Ordered ten drops of the fluid extract of manaca in water every three hours, and one-fourth of a grain of sulphate of morphine at bed-time. The painful joints to be enveloped in cotton-wool. Ordered a mik diet.

March 23d, 10:00 a. m. The patient feels about the same. Has been able to sleep a few hours during the night. Temperature 102⅘° F. Pulse 120. Treatment continued.

March 24th, 10:30 a. m. Patient complains of severe pain in the shoulders and hands. Other joints are a little better. Increased the fluid extract of manaca to fifteen drops every three hours, and to take one-sixth of a grain of sulphate of morphine every two hours till pain is relieved. Careful examination of the heart fails to disclose any abnormal murmur. Temperature 102° F. Pulse 118.

March 25th. Slight improvement. Pain in the hands and shoulders not so bad. The morphia seems to affect her bowels. Temperature 102° F. Pulse 118.

March 26th. Condition about the same. Pain, swelling, and redness disappearing from the joints. Reduced the fluid extract of manaca to ten drops every four hours. Temperature 101¾° F. Pulse 100.

March 27th. Same as last note. Temperature 101¾° F. Pulse 100. Continued treatment.

March 28th. A distinct systolic murmur was heard at the base of the heart to-day. The pulse has increased in frequency, being 120. Temperature 101¾° F. Is to take twenty drops of the fluid extract of manaca every three hours.

March 29th. Examination of heart to-day reveals a very loud murmur at the base, completely masking the second sound, and heard under the clavicle. A few bronchial râles are heard over the anterior part of the chest. Temperature 100¾° F. Pulse 116.

March 31st. Symptoms continue about the same. A double murmur is still plainly audible. The pain in all the joints is much less. The fluid extract to be taken every four hours. Temperature 100° F. Pulse 100.

April 2d. The improvement still continues. Her appetite is increasing, and she sleeps better. Temperature 100° F. Pulse 100.

April 4th. Condition about the same as last note. Temperature 99° F. Pulse 90. Treatment continued, with ten drops of tincture of iron three times daily.

April 7th. The double murmur still continues, but not so loud. It is heard at the upper end of sternum, below the clavicle, but faintly at the apex. Temperature 98° F. Pulse 90.

April 10th. The pain is gradually passing away. The murmur is very faint at this examination. To take five drops of the fluid extract of manaca three times daily.

April 14th. The murmur has entirely disappeared. The patient is up and about the house. As she is still anæmic, is to take the tr. ferri for a few days longer.

Case III. January 15, 1884. SAMUEL A., aged twenty-three, bar-tender, born in Germany, married, always enjoyed good health until a few days ago, when his left knee began to pain him, and became swollen, red, and hot. By advice of some of his friends he rubbed the joint with kerosene oil, and wrapped it up with flannel.

January 16th, 2 p. m. Patient had a chill this morning followed by pain in the right knee and thigh, which are red and swollen. He cannot bear anything to touch them, and complains if any one walks across the flooor, as he says it jars the bed and increases his suffering. Temperature 103° F. Pulse 124. Ordered fluid extract of manaca in doses of ten drops every three hours, and sufficient opium to ease the pain. His joints to be enveloped in cotton-wool.

January 17th. The inflammation has extended to the left thigh, both shoulders, and ankles. He is covered with a profuse, acid perspiration. Urine scanty, but free from albumen. Temperature 103½° F. Pulse 130. Increased the manaca to fifteen drops every three hours.

January 18th. Condition unchanged. Is obliged to take one and one-half grains of opium to produce sleep. Increased the manaca to twenty-five drops every three hours.

January 19th. Condition about the same as last note.

January 22d. MR. A. is feeling more comfortable. He slept better last night than he has done for over a week. The pain, heat, and redness have nearly disappeared from all the joints, with the exception of the left knee, which is still quite painful and moderately swollen. His appetite, which has been very poor for the last two weeks, is improving, and he begins to relish such food as he is allowed

to take. This consists of VALENTINE'S beef juice, milk, and Vichy water. Temperature 101° F. Pulse 116. Continued treament, with the exception of the opium, which is to be omitted.

January 24th, 9 p. m. Patient's condition about the same as last note. No abnormal heart murmur can be detected. Temperature 100⅘° F. Pulse 110.

January 27th. Found patient sitting up in bed. The pain, swelling, heat, and redness have disappeared from right knee, thighs, shoulders, and ankles. The left knee is somewhat swollen, and gives him pain when moved or touched. Careful examination of heart and lungs negative. Temperature normal. Pulse 100. Manaca to be reduced to fifteen drops every three hours. Also ordered

℞ Ferri et quininæ cit., gr. lxiv.
Tr. gentianam co., q. s. ad ℥ iv. M.
Sig. Teaspoonful after eating.

February 3d. Patient resumed his business this morning. The left knee is still a little swollen, but free from pain.

Case IV. PATRICK C., aged twenty-five, expressman, born in Ireland, married, came under observation April 3d. On the first of April the patient had a well-marked chill, with vomiting, headache, fever, and acute pain in left wrist, accompanied by heat, redness, and considerable swelling. He grew weak, lost his appetite, and felt unable to exert himself, but attended to his business until April 3d, when he sent for me. I saw him 11 a. m. The inflammation had attacked the ankles, knees, and right shoulder. Urine scanty, high colored, free from albumen. Temperature 102° F. Pulse 118. No abnormal cardiac murmurs perceptible. Ordered milk diet and twenty drops of fluid extract manaca every three hours. The painful joints to be bathed with the following liniment:

℞ Liq. plumbi subacetatis, ℥ ij.
Tr. opii, ℥ i.
Aquam, q. s. ad Oi. M.
Sig. External use only.

April 4th, 10 a. m. Condition about the same. Slept fairly well last night. Complains that the milk makes him sick. Ordered five grains of sodii bicarb. to each glass of milk. Treatment continued. Temperature 101° F. Fulse 120.

April 6th, 11 a. m. Pain in all the joints, with exception of the left wrist, has been considerably relieved. Appetite is improving. Temperature 100¼° F. Pulse 110. Applied small blister (2×2) to left wrist.

April 7th and 8th. Condition same as last note.

April 10th. The swelling, redness, and pain in all the joints have greatly diminished. Careful examination of the heart to-day fails to detect any abnormal murmur. Temperature 100° F. Pulse 100.

April 16th. All acute inflammatory symptoms have disappeared. Only slight stiffness of the limbs remains. The patient is able to go about the house. Appetite fairly good. Ordered the fluid extract of manaca to be discontinued, and the following tonic to be taken:

℞ Tinct. ferri chlorid., Syr. zingiberis, Aquæ, } āā ℥ ij. M.

Sig. Teaspoonful in wineglass of water, after eating, through a glass tube.—*Boston Medical and Surgical Journal*, Dec. 4, '84.

NITRIC ACID IN DIFFERENTIATING BRIGHT'S DISEASE OF THE KIDNEY FROM "LATENT ALBUMINURIA."—In 1827 RICHARD BRIGHT published his report of medical cases in which albumin appeared in the urine; he showed that certain alterations of the kidney were associated with the excretion of albumin, and from this he inferred that the presence of this albumen was an indication of those pathological conditions of the kidney which, besides, were likely to induce general dropsy. He seems, however, to have guarded this statement later on by considering functional disturbances, when persistent, as creating in the kidney a functional disorder which eventually caused structural changes.

Opposed to this view were the opinions of GRAVES and PROUT, who asserted the real cause of albuminuria, and also of the kidney disease; to be not an alteration in the structure of the organs that secrete the urine, but in the abnormal composition of the blood, or else preverse action of the albuminous element of the blood-serum. Finally these opinions have again received opposition from the pen and researches of STOKVIS, of Amsterdam, who, by experiments conducted by himself, and some on himself, seems to arrive at the conclusion that the albuminuria is due to disturbances in the circulation, together with an increase in the normal blood-pressure, whereby the albumin is squeezed through the excreting vessels of the kidneys.

Whatever view we take, then, as to the cause of the albumin in the urine, I think we can safely say the combination of albumin with the urine is an evidence of some pathological condition, be it of the blood or else of the structure of the urine-secreting apparatus. Whether, then, we consider the albumin of serum like unto or different from the albumin in urine, or whether white-of-egg albumen taken into the stomach will appear in the urine, we still must consider, with the great BERZELIUS, that white-of-egg albumen and serum albumin behave very differently with nitric acid, both being precipitated by this reagent, the latter being dissolved by an excess of the same, whereas the former is only moderately soluble.

It was from this standpoint, coupled with the fact that other albuminous principles (namely, globulin, peptones, etc.) sometimes appeared in the urine, that I instituted an examination into the use and application of nitric acid as a means for testing the presence of various modifications of albumin, as well as observing its effects on different urines taken from patients not supposed to be subjects of any serious organic affection of the kidney. On my first investigation I was struck with this fact, and, indeed, convinced of the correctness of the observations of others, that nitric acid and heat failed at times to demonstrate the presence of albumin, the same being found to be present by both picric acid and sodium tungstate.

This occurred so often that I was forced to discard nitric acid, and use in its place the other more sensitive reagents.

On reviewing the matter, and remembering GERHART'S views of latent albuminuria, I conceived the idea that possibly this failure of nitric acid was only in the latent form of the disease, and that, if I could so modify its action, or rather the action it produced on the albumin of the urine, I might possibly arrive at a way of diagnosticating these conditions. After many trials and as many failures, I at last found that, if, after heating (boiling) the urine and nitric acid together, I plunged the test-tube into very cold water, for the first time albumin appeared, which, on comparison with the same amount of urine treated by picric acid, showed a like amount of an albuminous principle. This discovery being made, I collected several specimens, and arrived always at the same result. I have since endeavored to explain this difference of behavior in the albumin; but have as yet not succeeded—it possibly may be due to the fact that serum albumin when in very small amounts is soluble, and that, when heated and cooled so suddenly, the atoms arrange themselves in different forms, and possibly behave as white-of-egg albumin would. Although, then, not disposed to consider this as having a pathological connection with that condition of the urine in fever-patients termed by GERHARDT latent albuminuria, I am satisfied the behavior is one and the same with this reagent. In fine, it has appeared to me from my investigations that when nitric acid and heat failed, being used in the ordinary way, it was a sign that the disease (or, I should rather say, the cause of the albumin) was due to functional disturbances and not to any serious disorganization in the kidney-secreting cells. I have as yet not had the opportunity of making a post-mortem examination of one who has suffered from what I may term functional albuminuria, but, from the readiness with which it gives way to treatment, I am compelled to regard it as not belonging to that class of cases known as BRIGHT'S disease. The following cases I mention as being typical of this functional derangement of the kidney:

Case I.—A male patient, about 60 years of age, born of healthy parents, was well up to a year ago, at which time the disease from which he is now suffering first made its appearance. When called in, I found this gentleman suffering from shortness of breath, aggravated at times by what I termed in his case nervous asthma. He also had an extremely irritating and violent cough. An examination of his lungs, however, proved the absence of any decided pulmonary trouble; at the apex of the left lung there was a slight dullness, but not enough, in my opinion, to warrant the idea of phthisis pulmonalis. Besides a little dullness, all I could detect was a slight emphysematous condition, no doubt brought on by the violent fits of coughing. Being at a loss to discover the cause of this chronic bronchitis and nervous asthma, I instituted an examination of his urine. I was struck with its decided acidity, and found, on further examination, a large excess of uric acid. Nitric acid was now used in the ordinary way, but gave negative results as regards albumin. Not satisfied with this, I applied my modification of the nitric-acid test, and found quite an appreciable amount. On a review of the case, I came to the conclusion that the bronchitis was due to the abnormal amount of uric acid in the system, which, by its toxic influence, not only induced this, but also the appearance of albumin, possibly aggravating the same by an irritating action on the structure of the kidney. With this view, I placed my patient on the use of the following:

℞ Lithii benzoat. ʒ j.
Lithii carbonat, ʒ ij.
Potasii bicarbonat, ʒ i.
Chloroformi, f ʒ j.
Aquam destillatam, ad f ʒ iv.

M., ft. mist. Sig. A teaspoonsul three times a day in a tumblerful of Buffalo Lithia Water, Spring No. 2.

Tne effect of this treatment was very decided, for not only did the cough cease, but the labored respiration, nervous asthma, and albuminuria disappeared in the space of about ten days.

Case II.—A male patient, about twenty-eight years of age, of healthy parentage, supposed himself the subject of syphilis. My diagnosis in this case was neuralgic herpes of the prepuce, caused by excess of uric acid in the system. This gentleman was also subjected to an alkaline treatment, using the benzoate of lithium and finally Buffalo Lithia Water, Spring No. 2. Under this treatment the ulcers healed, the albumin disappeared, and the neuralgic symptoms entirely ceased. He has, however, to continue the use of the water, as he finds as yet the trouble is likely to recur if the urine shows an accumulation of uric acid.

My plan of using nitric acid is as follows: About five c. c. of the filtered urine are put into a test-tube and heated to about 180° F., at which temperature the alkaline phosphates will, of course, precipitate out if the urine is either alkaline or neutral. To the fluid then are added four to five drops of strong nitric acid, and the contents, if now distinctly acid, are brought to the boiling point and there kept for a few secouds; the test-tube is now plunged into very cold water, and there kept until it has cooled. If only traces of albumin are present, fine filaments are seen floating in the urine, resembling much the appearance of mucin; if, however, larger amounts are present, the urine appears cloudy, and, on standing, deposits a precipitate of albumin. This albumin is no longer soluble in nitric acid, and, if again boiled, instead of clearing up, remains undissolved.—ALLARD MEMMINGER, M. D., in the *N. Y. Med. Jour.*, Feb. 7, 1885.

DOES QUININE ABORT PNEUMONIA?—DR. L. EMMET HOLT, of New York, after speaking of the growing tendency to deny abortive effects to any remedy in pneumonia, related cases of intermittent fever in children, in which, from the rapid breathing and the auscultatory signs, he was led to suspect the development of pneumonia; but this was shown not to be the case by the fact that on the following day the child would be running around with scarcely any evidence of pulmonary trouble. In some cases there was dullness on percussion. The breathing was high-pitched and broncho-vesicular in character. These signs were usu-

ally found at the apices of the lungs, but in some instances they were confined to the lower lobe. These cases were promptly relieved by anti-malarial treatment. With small doses of quinine they would also improve, and even without any treatment it was doubtful whether they would develop into pneumonia. In the abortive treatment it is considered essential to give large doses of quinine, and early in the attack. In some of these cases the treatment was deferred for one or two days.

As regards diagnosis, the temperature is usually higher in these cases than it is in the first or second days of pneumonia. Another point is the marked want of relation between the rapid breathing and other symptoms, and the general expression of the patient. A third point is the presence of splenic enlargement, which usually can be made out without trouble.

DR. A. L. LOOMIS said that every one who has carefully studied the physical signs of pulmonary hyperæmia must be convinced that there are two conditions of hyperæmia differing markedly from each other. First, there is passive hyperæmia; and, secondly, active hyperæmia. The physical signs are markedly different from each other. In passive hyperæmia there is marked change in respiratory murmur, which may lead, especially in children, to the belief that there is partial consolidation of the lung. In active hyperæmia the physical signs will indicate serous effusion into the bronchial tubes. He did not believe that the passive hyperæmia which is the result of malarial infection ever goes on to the production of pneumonia, unless there is something more than the malaria. Such a condition will disappear with the relief of the malarial trouble, and it is probable that the observation of such cases has led to the supposed abortive effect of quinine.

He believed that lobar pneumonia is an infectious disease, and that when it once strikes its blow it will run a certain course which it will be impossible to stop. When pneumonia has once shown its presence by a chill, elevation of temperature, and that peculiar change in respiration which assumes a high-pitched, dry character, and is so significant of the development of pneumonia, he believed that it is impossible to abort it. He also believed that it is impossible to have dullness on percussion within twenty-four hours of the beginning of the attack.

There is one more point which seems important, and that is the growing tendency to the belief that the pneumonia of to-day is different from that of ten or fifteen years ago. It seemed to him that the character of all disease had changed within that time. At that time, pneumonia occurring in a healthy individual was not considered of a serious nature.

DR. WALLIAN differed from DR. LOOMIS in believing that pneumonia might be produced by malarial poisoning, and he thought that it was possible to have dullness on percussion in less than twenty-four hours after the development, and he cited a case of a man apparently well at five o'clock in the evening, who was seized with a chill at mid-night, and by noon of the following day had well-marked dullness over one lobe of the lung.

DR. LOOMIS, in explanation to his statement, said that dullness might supervene in less than twenty-four hours after the chill, but the pneumonia might be in progress before the appearance of the chill. He related a case going to show this in which a patient, complaining of not feeling well, was tested with the thermometer, and found to have a temperature of 101.5°. The temperature was taken every four hours for thirty-six hours. There was not the slightest evidence of pulmonary trouble. There had been no sense of chilliness, but at the end of this time, when the temperature had reached 102.5°, there was a chill, followed in a few hours by consolidation.—From *Medical News'* report of Proceedings of N. Y. State Medical Society, Feb. 7, 1885.

COCAINE IN THE UNCONTROLLABLE VOMITING OF PREGNANCY.—DR. M. WEISS records in the Prager Medicinische Wochenschrift, a case as follows: A 28-year old woman being pregnant for the fourth time, was taken with vomiting three weeks after the last appearance of her menses (which was Sept. 1), and sought medical advice for its relief at the end of the second month. She was found to be much emaciated and anæmic, keeping her bed for the past eight to ten days from debility and persistent vomiting. Natural irritability, small but rather frequent pulse. Temperature 36.5 C., shallow respiration, faintness on attempting to stand, no organic lesions, third month of pregnancy. With the exception of a small quantity of black coffee, hot tea, and mulled wine, no food, even of a fluid consistency, would remain on the stomach. No medicines seemed to give any relief, nutrient enemata could no longer sustain life, and the danger of death from inanition became imminent.

November 7, the cocaine was given as in the following prescription:

℞ Cocaine mur. in sufficient quantity of spirit-wine to make a solution of 0.15.
Aq. dest. 150.0.
Sig. One small teaspoonful every half hour.

After the patient, at 6:00 a. m., had taken a few teaspoonfuls of black coffee, an hour later the medicine was given and repeated as prescribed. The first doses had a slightly bitter taste, which, from the benumbing of the sense sense of taste, after the third dose was no longer perceptible. Some minutes after the sixth dose the patient took, three tablespoonfuls of milk were well received and not vomited. After the eighth dose the patient took with great pleasure a small cup of bouillon with an egg—no vomiting.

At 2:00 p. m., 13 to 14 spoonfuls of the solution having been taken, the patient was found to be cheerful and bright, and rejoicing over the fact that she had been able to retain what she had taken of the midday meal, consisting of broth, a little of the white meat of a chicken and a glass of claret. She thought herself well enough to leave the bed. The face was somewhat flushed, the pupils moderately dilated, the pulse frequent, increasing from 84 to 96, the respiration from 22 to 28, whilst the temperature in the axilla remained about the same (36.8° to 36.7° C).

In consequence of these favorable symptoms, the use of medicine was suspended until 4:00 p. m., at which time the pupil no longer dilated,

the pulse fell to 86, the respiration to 22, and the patient again vomited a part of some *café au lait* which she had taken. Its use was then resumed and kept up until 8:00 p. m., when the patient enjoyed and retained some prepared chicken and a glass of Pilsner beer.

November 8, the rest of the cocaine solution (about a fourth part) was given in hourly doses. There was no vomiting through the day. Unfortunately no record was kept of the temperature, pulse, and respiration, so that a comparison with that of the previous day could not be made.

November 10, the patient left her bed and since then her condition is quite satisfactory. She vomits now and again, but retains the greater part of her food. She now attends to her usual occupation.—*Journal of the American Medical Association*, February 21, 1885.

THE HYPNOTIC EFFECT OF PARALDEHYDE.—A correspondent writes:—Having received a very favorable report of the hypnotic effect of the paraldehyde, I commenced its use in June last, and having given it some three or four hundred times, I am able to speak of its value in many cases where opium and chloral are contra-indicated.

I first gave it in two cases of insomnia during the last weeks of pregnancy. Fifteen minims were dissolved in a little whisky flavored with lemon syrup. The dose was taken at bed-time, and repeated in an hour if required. Much seemed to depend upon the condition of the nervous system. A single dose was often sufficient to procure a good night's sleep, and two never failed to give a longer sleep. In a case of cardiac asthma, in which the tincture of convallaria has been extremely beneficial, the greatest comfort was derived from a twenty-minim dose of paraldehyde on going to bed. It is not taken every night, but when from any cause there is a condition of restlessness and insomnia. In a case of acute dropsy, complicated with a mild form of delirium, the result of prolonged alcoholic excesses, it acted most favorably where chloral had failed and opium seemed contra-indicated; it was given in whiskey in a dose of twenty minims. In a case of cancer of the stomach, in which there had been no sleep for many nights, it was given by the rectum, mixed with mucilage, and uniformly gave a long sleep. In two cases of epithelioma of the cervix, in which there was simply great nervous prostration and sleeplessness without acute pain, from twenty to thirty minims uniformly gave a good night's repose.

In a case of typhoid fever with prolonged insomnia, the use of paraldehyde was commenced on the tenth day, and continued for upwards of a fortnight. The patient is now convalescing in the sixth week, and sleeps well without the remedy. He usually required two doses of fifteen minims each. In a case of insomnia in advanced albuminuria, it has been given almost nightly with great advantage.

Paraldehyde is a pungent, ethereal liquid, a derivative from alcohol and acetic acid. It should be dissolved in some form of alcohol, either whiskey flavored pith lemon, or an elixir rich in spirit. It produces no depression of the circulation. It is never followed by sickness nor by headache. It does not constipate the bowels, nor does it destroy the appetite. The effect is somewhat more permanent than that of the more common ethers. The odor is perceptible in the breath, and in one case it was still noticed sixteen hours after the exhibition of the remedy. In that case the patient had taken half a drachm, and slept well on the second night without a further dose.

There is no difficulty in leaving off the remedy.

I have not given paraldehyde for the relief of acute pain, for which it seems to me unsuitable, as the sleep produced is not very profound, and at any time the patient may be aroused without difficulty. It seems to me that paraldehyde possesses all the advantages of a moderate dose of chloral without its disadvantages, and I am satisfied that it is a very valuable addition to our list of hypnotics.—*Midland Med. Miscellany*, January, 1885.

SUGGESTIONS AS TO THE METHODS OF USING COCAINE.—In applying the solution to other mucous membranes than those of the eye, a camel's-hair pencil has generally been used, but under the very best management, and upon surfaces made as dry as possible, the pencil leaves but a very small quantity upon the surface, and it is not to be expected that complete anæsthesia is easily attainable in this way, however frequent the applications, and a profuse use of the agent does no good, since it immediately runs off the surface. Neither is it of any use to apply it to surfaces coated with secretions, no matter how thin the coating, if they are of the glairy kind, since efficient contact with the surface is then impossible, and the waste is as complete as an application to the skin covered by epidermis. So, on its application to painful ulcers, burns, etc., care must always be taken to obtain contact of the solution by having the surfaces perfectly clean. In applying it to denuded surfaces and to mucous membranes which will admit it, the best method is to have some light covering of the desired shape and size, that will hold the solution. For this purpose fine thin cotton or linen fabric is much better, and nothing can be better than well-worn fine handkerchief material. This is sufficiently absorbent to hold the dose, and thin enough to avoid waste, and to be closely applicable to irregular surfaces. When touched in situ, for resupply, the brush should be applied to the upper edge of the tissue, so as to run down through it before draining off, and the smallest possible quantity should be applied at a time if waste by running off would be avoided. Much solution is wasted by the use of camel's-hair pencils many sizes too large. Indeed, it is hardly possible to get a brush too small to convey this solution economically, unless large surfaces are to be coated. In the use of a brush for applying the solution it should never be dipped into the vial of solution, because it carries back secretions and excretions, which rapidly spoil the remaining solution, and it is thus wasted. The proper way is to drop out the quantity to be used on the bottom of a tumbler or wine-glass, and dip the brush in this until it is all used, never putting any back into the vial. In this way any desired quantity may be used and none be spoiled or wasted. From reading the published accounts of the

application of the solution, it seems highly probable that more of it is wasted than is really utilized, and if this waste could be stopped without increasing the number of failures, the price of the chemical would soon come down. —*Squibb's Ephemeris*, January, 1885.

DIPHTHERIA—COCAINE.—HOWARD A. KELLY, M. D., of Philadelphia, writes: I have eagerly attempted to make use of the now well-known anæsthetic properties of weak solutions of the hydrochlorate of cocaine, in a variety of dissimilar cases. with the following results:

Case—December 2, 1884, R. P—, female, æt. 19. Has been ill for three days with a well-marked case of diphtheria. The cervical glands on both sides are enlarged, and the tonsils meet in the middle of the fauces, with a large œdematous uvula elevated and pushed forward between them. These latter structures are covered with a thick, pultaceous mass of false membrane. The whole pharynx is hidden form view. The pain on swallowing is so great that she has taken but little milk within the past 24 hours, and she complains of the severe pain occasioned by the constant efforts at hawking.

I applied a four-per-cent. solution of MERCK'S hydrochlorate of cocaine, in a cold, saturated solution of salicylic acid. The application was made three times, at intervals of two minutes, and five minutes after the last application she drank a glassful of milk without any pain, holding the nose to prevent regurgitation, and cleared the throat of mucous with great relief.

The subsequent rapid improvement left no room for further trial of the drug.—*Philadelphia Medical News*, December 27th.

TREATMENT OF NASAL POLYPI.—DR. RICHARDSON, in the Asclepiad, recommends the use of sodium ethylate in the treatment of nasal polypus. The caustic agent is applied by means of a probe made of soft cotton-wool, twisted into shape on the points of a pair of forceps. This cotton probe is saturated with the ethylate, and then plunged into the substance of the polypus. On removing the cotton it commonly happens that the patient can expel the whole mass of destroyed polypus in a semi-fluid form, by blowing the nose sharply. A second application ought to be made with a view of destroying the base of the polypus. The mode of action is said to be sufficiently clear. The ethylate is decomposed by contact with the water of the polypus into caustic soda and alcohol; the latter coagulates the albuminoids, and the former acts as a powerful caustic. With the exception of some burniug pain, no unpleasant effects seem to follow the use of this method.—*Weekly Medical Review*, February 28, 1885.

PISCIDIA ERYTHRINA.—LEGOY, to whose elaborate paper ("Bull. gen de therap.") we have before alluded, concludes that piscidia exerts a direct stimulant action upon the central nervous system, exciting principally the medullary centers. The increase in the number of the heart-beats is probably due to this action upon the gray matter, and the rapid respiration may be explained in the same manner. He recommends the drug as a valuable remedy in neuralgia, in doses of from 45 to 60 grains. The following are suggested as convenient formulæ:

℞ Fluid extract of piscidia, 5 drachms.
Syrup, 12 drachms.
Water, 12 drachms.
Dose, one or two tablespoonfuls daily.

℞ Tincture of piscidia, 50 drops.
Tr. of viburnum prunifolium, 50 drops.
For a single dose.

—*New York Medical Journal*, Feb. 28, 1885.

IRIDIN IN VOMITING OF PREGNANCY.—Iridin is recommended by M. GUENEAU DE MUSSY (Progres Medicale) in uncontrollable vomiting of pregnancy. M. BERRYHART has treated ten cases without a failure by giving each evening a pill containiug 20 centigrammes (3 grs.) of iridin, this followed in the morning by a saline laxative which is necessary to the efficient action of the iridin. As a cholagogue, the same author recommends, each night a pill composed of euonymin five to ten centigrammes (¾ to 1½ gr.); podophyllin, two to three centigrammes (⅛ to ½ gr.); and extract of hyoscyamus, five centigrammes (¾ gr.).—*Weekly Medical Review*, February 28, 1885.

DIFFERENT USES OF COCAINE.—FREUD, in Lyon Medical, summarizes the indications for this drug as follows:

1. As a stimulant in cases of bodily exhaustion.
2. In digestive troubles.
3. In the cachexiæ.
4. As a remedy in the treatment of the morphine and alcohol habits.
5. In asthma.
6. As an aphrodisiac.
7. To induce local anæsthesia.—*New York Medical Times*, February, 1885.

OLEUM GAULTHERIÆ IN ACUTE RHEUMATISM.—At the clinic of Professor ROSSBACH, oil of gaultheria has been employed in a large series of cases of acute articular rheumatism, followed by equally prompt and striking results as had been obtained previously from the salicylate of soda. It is recommended to give it in capsule, after eating, on account of its disturbing effect upon digestion.—*Correspondenz-Blatt der Allgem. Aerst. Ver. von Truringen.*

JAMAICA DOGWOOD AS AN APPLICATION TO BURNS.—Dr. SHEPARD states that Jamaica dogwood is an excellent application for burns from hot steam or boiling water. His mode of application is to saturate a cloth with the fluid extract and bind it loosely on the burnt parts. Keep moist by frequent applications.—*Medical Analectic*, January, 1885.

PARALDEHYDE IN MENTAL DISORDERS.—Benda has used paraldehyde as a hypnotic in 34 cases of mental disorder, in doses varying from f ʒ ss to f ʒ ii. In 16 cases sleep was produced; in the remaining cases the action was uncertain or entirely negative.—*Am. Journal of Pharm.*, February, 1885.

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Original Articles.

LECTURES ON PHTHISIS PULMONALIS.

BY E. L. SHURLY, M. D.,*

LECTURE V.

DIETETIC.

Among the early characteristic signs of phthisis are loss of appetite, difficulty of digestion, and assimilation of food. However much the will power of the patient may be exercised to offset these, he is often unable to carry out recommendations regarding diet. You know, of course, how important it is to keep up the nutrition as a means of combating a disease, which has for its aim the destruction, not only of the lungs, but of the already-formed tissues of the body. In the early stages sometimes it happens that the patient is blessed with a good appetite and good digestion, and when properly taken advantage of, it essentially aids us in our efforts to check the progress of the disease. But there is great danger just here of overcrowding the stomach, and the patient is not always responsible for the error. The practitioner himself, in his eagerness to supply pabulum against the waste which he knows is about to take place, will become over zealous in urging the taking of food. So that we frequently find such a patient taking into his stomach food (of different kinds) enough to support two ordinarily healthy bodies, while a closer investigatoin, may show that the food is not thoroughly digested, and there may be coming on a permanent impairment of digestion. Sometimes this warning (indigestion, etc.,) is not heeded, and the process of "stuffing," so to speak, is carried on perhaps even more vigorously on account of the fancied increase of waste, which an extra intestinal flux is supposed to bring about. Now, I feel that I cannot caution you too emphatically against committing this error. On the other hand, you will sometimes be sorely taxed to introduce enough nourishment, (or to secure its assimilation) to counterbalance the wasting. Now, what points are to be kept in mind in the management of the diet of phthisis? First, taking a careful survey of the amount of actual nourishment which the patient is taking, and the relative promptness of digestion and assimilation, we must contrive not to exceed the limit of endurance of the functions of the primæ viæ, and yet introduce considerable. We must carefully watch whether certain articles of food are digested or not; whether they increase febrile movement; whether they increase the tendency to defecation or produce diarrhœa. If any of these phenomena arise, we may take it for granted at once, that either some particular article disagrees, or that the patient is taking too much. With regard to the amount or kind of food to be taken, we cannot always adopt rigid rules. In general, a diet of animal food, such as well-prepared meat, eggs, cream, milk, custards, and possibly fats, are to be selected. We shall, however, find that these are not so well borne as vegetable food in some cases. Of course, the amount of actual nutrition to be derived from a given amount of vegetable food is not as great in proportion to the expenditure of digestive force in a given time as the same quantity of animal food, and therefore, in these cases we prefer the animal food. But by pandering to the tastes of the patient somewhat, and also to the proclivities of the digestive apparatus itself, we may be able by such compromise, without detriment, to keep up a better state of the vitality, than by a more rigorous adherence to the generally accepted doctrines. In fact, in some instances there is certainly a tendency towards hyper-secretion of gastric juice. This is manifested by such symptoms as acid eructations, pyrosis, etc., which may be remedied without medicine by increase of coarser food for a while, especially vegetable. There are a great many preparations of easily assimilable nutriment, which can be used to help out an apathetic or jaded stomach, such as the various preparations of peptonized beef: REED & CARNRICK'S Peptonized Beef, RUDISCH'S Peptonized Beef, JOHNSON'S Liquid Beef, LIEBIG'S Extract, PARKE, DAVIS & Co.'s Desiccated Blood, and albumen of eggs, exsiccated. This latter should be carefully prepared by drying

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at a temperature of 100° F. The precipitated albumen should not be used, only that which has been desiccated by application of gentle heat. Any of these may be given in cold water, or on bread and butter, or in milk or ordinary beef tea. There may be added to the albumen solution, hypophosphite of calcium, or it may be prepared with glycerin and given in a mixture. We can often administer in this way three, four, or five drachms of either of these preparations in the twenty-four hours, which amounts, as you know, to considerable nutriment. They are especially valuable and needful in those cases where there is great destruction of proteoid substances in the pathological metamorphosis taking place. When the patient can take a good, full meal and the digestive powers are pretty good, it is not necessary to resort to concentrated nourishment, but far better to order a nutritious diet in which the animal elements of food preponderate. There should be a persistent effort to secure the introduction of *animal fats* wherever such are tolerated, because of the force-producing power which is supposed to result from the chemical changes or splitting up which these proximate principles undergo. This is very generally recognized as important in the dietetic management of this disease. I think, however, this doctrine (hydro-carbon) has been productive of evil sometimes, especially in the latter stages of phthisis. In the earlier stages, or in the pretubercular state, there can be no question of the advisability of *pushing* the introduction of fatty elements, but later on when we desire to preserve the vital forces from unnecessary acts of digestion, or to avoid the risk of pathological fermentation in the digestive tract, we should be very careful about recommending their administration. This brings us to the consideration of *cod-liver oil* which we may speak of here more as a food than a medicinal agent. I have no doubt as much harm as good has been produced by its administration. There are certain conditions of the body (especially is this true with consumptives during warm weather) when animal fats are not readily assimilated. At such times the consequence of their administration is indigestion and fermentation, giving rise to eructations of gas and colic which sooner or later results in diarrhœa, with or without an increase of febrile movement, anorexia, etc., a condition of affairs we do not wish to have brought about. In prescribing cod-liver oil you ought to instruct the patient to commence with small quantities (a teaspoonful) and to take it always *after eating*, from an hour to an hour and a half. This gives the greatest chance for its prompt assimilation. At the present day it is much easier to administer cod-liver oil than formerly, on account of the many palatable preparations, called emulsions, which abound in the market. Something can be said in favor of each of tnem and there is little choice among them, if the material be of good quality; some emulsions are 25 per cent., others 50 per cent. It frequently happens that emulsions can be borne with impunity by patients who cannot take the plain oil, while the contrary is true of other persons. As you are aware, there are two kinds of oil in the market; the dark or Norwegian oil, and the light or amber oil. Many prefer the dark or Norwegian oil. My own experience, however, teaches me to prefer the light oils; when good they more readily assimilate. There is another form of oil which of late has come into use as a substitute for cod-liver oil, called *eulachon* or *candle-fish oil*—obtained from the so-called candle-fish, which abounds in the rivers of our northwestern territories. This oil in odor does not seem to differ much from cod-liver oil; its taste is much less fishy and it seems to be well borne by patients who cannot take cod-liver oil. While it closely resembles cod-liver oil, chemical investigation has shown that it differs somewhat from it, especially in containing a substance analogous to *paraffine*. It may be used in the same way as cod-liver oil, either as an emulsion or clear, and will be found easier of assimilation. It is said to contain no iodine; neither does the cod-liver oil. Therefore, the much-vaunted value of the cod-liver oil, on account of the iodine contained in it, is probably a myth. The real therapeutic value of the drug depends, no doubt, upon its composition as an animal oil, and its ready assimilation. I much prefer the eulachon oil, however. Butter and cream are frequently used as substitutes, and frequently prove valuable. In the earlier stages cream and butter are excellent substitutes, many patients being able to take considerable amounts of these with their bread, and drink perhaps as much as a pint of cream in twenty-four hours. So long as this can be taken and gives no uneasiness or disturbance to the patient, it is very valuable. The moment it does not agree, however, and the patient complains considerably of the taste of butyric acid, it should be stopped.

With regard to vegetable food: Although, as we have seen, it is not considered nearly as valuable as animal food, nevertheless, as a matter of indulgence or necessity, sometimes to prevent anorexia, the patient may be allowed to take it. When the digestion is good a little of almost any sort of vegetable food may be allowed excepting the leguminous. When the digestion is not so good, however, the vegetable food should be restricted to baked potato, well-made home-made bread or toast, gluten, Graham or rice bread, or bread pudding, etc. When there is a disposition for the starchy

elements to undergo fermentation, it is sometimes in order to continue their use and give some artificial aid to digestion, rather than stop the diet and run the risk of loss of appetite when the patient is turned against animal food. For this purpose the meal of vegetable matter may be followed with a dose of some extract of malt which, as is claimed, contains diastase which materially assists by converting starch into dextrine; or the administration of pancreatin, either as a pancreatic emulsion of which perhaps "SAVORY & MOORES" is best, or pancreatin mixed with some mild alkali, as soda, such as FAIRCHILD'S and FOSTERS. This latter will also assist in the digestion of oily as well as vegetable foods. We can sometimes materially aid digestion also by administering a small dose of nux vomica (three to five drops) half an hour or an hour after eating. It is very fashionable now-a-days to depend upon extract of malt, either alone or in some of the various combinations, as a constitutional remedy for phthisis pulmonalis. We shall find, however, in adopting any such plan that sometimes a saccharine fermentation and perhaps a diarrhœa may be awakened, which will necessitate stopping its use in large quantity. The indications for malt are either as a vehicle (instead of syrup) for the introduction of other medicinal agents, or for the purpose already indicated, to aid intestinal digestion, or in the fluid form as a stomachic. I think its chief value depends on its power of aiding the digestion of starch and the fact that as a hydro-carbon it may possibly assist in recuperative metamorphosis. With regard to dog fat, snake oil, ox-blood, and other disgusting specifics of that sort so highly vaunted by the laity, I have only to tell you that it is all nonsense to sanction their use, since more palatable oils and fats will be of equal service and less liable to derange digestion. *Ox-blood* has for ages been recommended, and is a very popular remedy with the laity. There are patients who by will-force have overcome the innate impulses of disgust for such a cannibalistic performance, and regularly go to the slaughter-house and drink this material. I do not think it offers any particular advantages over taking nutritious animal food or the ordinary desiccated blood, such as prepared by PARKE, DAVIS & Co., of this city, and sometimes I have thought it brought about a state of anorexia. I therefore cannot from my experience recommend it to anybody. The capricious appetite of the individual will constantly suggest all sorts of dishes. It is not necessary to thwart the wishes of the individual in this direction very often, since from their condition there will be too little eaten to do any harm. Whenever we observe patients in this way overtaxing the attendants, it is our duty to proscribe many of the dishes which the consumptive would like to order. We often find it necessary to restrict the diet even up to placing a patient on low diet, such as light soups, small quantity of milk and water, very light rice pudding, etc., or perhaps for twenty-four hours to withhold *all diet* save a little nutritious drink of whey, wine or ale. This will be indicated when we find a positive refusal of the stomach to take and digest food, especially if there has been considerable food taken previously, and after finding it useless to ring the changes on the diet in order to coax the stomach into doing its work: or if febrile movement be considerable, then it is often a good scheme to stop the introduction of food altogether for twenty-four or forty-eight hours. This will shock the friends and neighborhood very greatly, and oftentimes you will be promptly discharged unless you have considerable influence; but you need not hesitate, it is your duty to do so. The waste of bodily tissue that will take place from this temporary abolition of meals will be far less than by the perexia which a lot of undigested material in the primæ viæ would cause. Besides this, you will frequently find that the cough, which has been almost incessant and attended with a large amount of expectoration, will speedily lessen, and insomnia which has been growing upon the patient, becomes lessened, hyperpyrexia will diminish, and a positive degree of recuperation will take place; and at the end of this short period the stomach will be able to digest some food. The advantage gained may be continued if you will only be careful to supply the nutriment in a very digestible form and in small quantity at a time. This you should impress with great emphasis upon the attendants.

With regard to the use of *malt and spirituous liquors*, which we may regard in this instance as articles of food, it will be difficult to lay down any definite rules. In most all cases I find that the malt liquors are to be preferred. They certainly constitute an element of food, and they often assist not only in spurring the stomach to a certain degree of functional activity, but also assist the digestive process farther along in the intestines. Wines will often agree better than malt liquors, and they should be taken generally along with some article of food, when there will be less tendency to fermentation. The quantity of wine and malt liquors should be regulated always by the physician and the patient together. We should be governed by the effect on the nervous system, on the pulse, and on the digestive apparatus, in determining the quantity to be consumed in twenty-four hours. It is not safe to leave this matter either to the patient or to the attendants, lest too much be administered all of the time, the effect of which

is highly pernicious to the general condition of the patient. Whisky, brandy, and ardent spirits generally, are sometimes to be preferred. In all cases in which there seems to be early vital weakness, or in those cases in which wine and malt liquors are prone to ferment, the more ardent spirits are certainly to be preferred, in small doses. They should always be taken diluted with water, and if possible taken with food. The quantity taken should be regulated by the physician, the same as in the case of other liquors or medicines. We frequently meet with instances of *abuse* in the use of *ardent spirits*, but not many years ago the laity and a *large proportion of the profession* seemed to cast their hope for the relief of consumptives entirely on the use of alcohol; and, I assure you, many a person has filled not only a consumptive's but a drunkard's grave through the zeal with which ardent spirits have been administered to him. We have now-a-days, however, learned that this treatment is very pernicious, and that the exciting cause of very many cases of phthisis can be traced to the free use of alcohol as a beverage, and I think nobody *dare stand up and assert* that alcohol in any form has any specific effect against the ravages of phthisis pulmonalis. You must never become fanatical and not use alcohol in this or any other disease when it is indicated, for it becomes often one of the most potent weapons against destruction and death. But remember it is just as powerful for evil, when improperly used, as it is for good, and the cases where it is administered should be carefully selected after due consideration. Coffee and chocolate are often beneficial.

MEDICINAL.

The history of the medicinal therapeutics of this disease would fill a large volume. After leaving these halls you will hear of a great many things in the way of medicine highly extolled, which you will not have heard me mention. I will only say to you as an excuse, that it would be impossible to give you any adequate idea of the great number of articles that have been used. In fact the whole *armamentarium medicæ* has been made to pay tribute to the treatment of this disease. In sketching this part of our subject it will be well to divide it into *tonic or recuperative* treatment and *symptomatic*. By tonic or recuperative we mean all those remedies which by their physiological action are known to belong to the class of tonics, stomachics, or excito-motors. Some of these have been regarded almost as specifics, for instance, the hypo-phosphates of lime and soda. Perhaps of all the articles in the materia medica none are more powerful than these. These salts of iron, magnesium, sodium, and potassium are variously combined for administration. The syrup is according to the formula of Dr. Churchill, which is really the base of all the other formulæ of this sort. It is the syrup of the hypo-phosphates of iron, alum, soda, magnesium, and calcium. These several ingredients may be combined with malt or with cod-liver oil, or with eulachon oil. They may be given in syrup, in powder, in peptonized beef preparations, with albumen, or with wine. The iron has been objected to especially in *tuberculosis*, by Trosseau as productive of harm in some cases. The great clinical observer states that the administration of iron positively assists the progress of the disease, especially in females. This was my own belief for a number of years, because I had so often found females in a state of anæmia, or spanæmia, falling victims of tuberculosis so quickly after the administration of different forms of iron. I have since come to the conclusion, however, that my observations were incorrect, although Trousseau may not have been, and that these patients would have presented the striking phenomena just mentioned, perhaps more quickly and rapidly if the iron had not been administered. I came to this conclusion from clinical comparison of cases very nearly alike in their general condition, to some of whom I administered the iron, to some of whom I did not. Therefore, so far as that is concerned, if there are no other indications, I think iron may be safely administered. However, where there is much febrile movement with a very tardy digestion, then iron is worse than valueless—it hastens the disease. If indicated from any other considerations it may be used in small doses, of which I prefer the *ammonium salts of iron* (citrate, tartrate, etc.), to *per-salts*, (sulph., etc.) In cases of peri-bronchial phthisis the iodide of iron in pill form or as a syrup, will almost always prove useful. *Quinine* and *the bitter tonics* are very useful in the early stages of phthisis. When there is any malarial complication, especially, quinine should be used in quite full doses, and sometimes when a hectic fever runs high it can be used in large doses during the remission; but we shall speak of that shortly again. I prefer to use it in tonic doses when it is well borne by the stomach, and, if possible, its administration in the solution of aromatic sulphuric acid is preferable to pill or capsule; some anodyne may be combined with it if needed. *Nux vomica* and *strychnine* are highly useful in the early stages of the disease, or at any time when there is a sluggish condition of the stomach and intestines. It is the tonic which is clearly indicated in such cases, more especially if the patient be in what we call a nervous condition. A combination of *strychnine and quinine* is often highly useful if there be no diarrhœa. *Arsenic* is one of the most valuable remedies, and may be continued

in one form or another for long periods of time. It may be administered with tincture of wormwood (tr. absinth.), or it may be administered in pill form, as arsenious acid or the arsenite of iron. I give you on the blackboard prescriptions containing these. If there be any tendency to diarrhœa or colic, or to irritability of the bowels, arsenical preparations, nux vomica or strychnine should be administered with great care, and in small doses. *Phosphorus* is generally administered in the form of hypo-phosphites or as a dilute phosphoric acid. Stillingia, wild cherry (prun. virg.), chamomile and other bitter tonics are extremely useful, either given alone or as adjuvants to other tonic remedies, or so-called alteratives. The chamomile is especially useful where there is much secretion of pus from the bronchial mucous membrane, or if there be any empyæmia. Among medicinal stimulants outside of alcohol, the most useful are carbonate of ammonium, muriate of ammonium, compound spirits of ether, and chloroform and aromatic spirits of ammonia. The carbonate and muriate of ammonium are chiefly useful as stimulant expectorants. *Erythroxylon coca* is a valuable nerve stimulant. *Iodine* and its preparations, although not generally considered as medicinal stimulants, are so valuable in many cases of phthisis, in promoting healthy construction, that they may be justly ranked as "recuperative agents." The same may be said of the *mercurial iodides*, which I use a great deal in the early stages. The subsidence of troublesome conditions, and the increase of vital strength, is no infrequent effect of the administration of iodine and its preparations; and from their well-known "diffusibility" and "selective action" in promoting secretion of the mucous glands, they furnish a result not attainable by other means. We shall have occasion to refer again to these preparations in speaking of "symptomatic treatment." The compound spirits of ether is highly useful against insomnia and nervous irritability of various grades; it is also very diffusible in the blood, and leaves no unpleasant after-effects. *Coca* is a nutrient as well as a stimulant, especially when administered in the form of a wine; it has recently been introduced very largely into medical practice; and I find in some cases either the fluid extract or the wine very beneficial, especially for the revival of patients from severe fits of exhaustion. Xnthoxylum (Prickly ash) is principally useful as a stimulant to the pharyngeal and buccal glands. In these cases, where, either from indigestion, excessive perspiration, or local involvement of the mucous membrane, the dryness and thirst becomes well-nigh intolerable, there is no stimulant which will so effectually relieve this condition as the one just mentioned. The fluid extract or tincture may be given in water or mixed with wine. Claret wine is often the best form in which to administer it.

SYMPTOMATIC.

It would seem empirical and unscientific to present remarks under such a heading, but it strikes me that I can in no other way convey to you such an adequate idea of what might technically be called the expectant plan of treatment of phthisis pulmonalis, excepting as under this head. For instance, there are certain *groups of symptoms* which are common to all cases; certain signs which are wanting in some cases; certain signs which are developed early in some, later in others; and signs of some particular pathological conditions which may overshadow all other considerations regarding the case. Therefore, to avoid repetition and loss of time, it will be better to run over these *particular signs* and groups of symptoms, pointing out the therapeutic indications. I have already mentioned the frequency of indigestion and its various aspects, and have marked for you certain lines leading to its technical management, both with and without medicines. Let us now consider in what way we can assist nature by medical agents in altering these perverted molecular processes. To begin, let us refer again to iodine and mercury: LUGOL'S solution in three to ten drop doses largely diluted with water taken on an empty stomach, so that it may not come in contact with starchy elements of food; iodide of iron and of ammonium, and iodide of potassium are especially valuable in hastening the softening of inflammatory products. As already mentioned, these are the agents we must greatly depend upon in the treatment of the early stages of all forms of phthisis. You must always take care, however, that the stomach is not deranged by them. In cases of suspected syphilitic contamination you will find that DONOVAN'S solution (iodide of arsenic and mercury) is an efficient remedy. When the stomach is too apathetic from lack of gastric juice and pepsin to allow of their use, we can sometimes supply these by a mixture of hydrochloric acid and pepsin, or either one of these alone. I must caution you against the too frequent use of pepsin, because if it be efficient, it may induce the stomach to become torpid and refuse to act without this artificial aid. Hydrochloric acid will be indicated, of course, when we are quite sure that the acidity of the stomach is not due to a surplus of gastric secretion from irritability. In such an event a mild alkali is preferable, indeed in a large number of cases we find it necessary to use an alkali in preference to an acid. Those which I prefer are *carbonate of magnesia* or *phosphate of soda*. When a condition of pyrosis exists, bismuth in full doses may be added to either of these, or be given alone. Great care should be

taken, however, that the bismuth is administered a short time before the ingestion of food. Feebleness of muscular action as well as of glandular action of the stomach whereby food remains and ferments, thereby causing epigastric oppression and eructation of gases is best relieved by the administration of nux vomica, which may be given before or after the meal. Often-times it will prove a good addition to porter or Dublin stout, or to liquid malt.

SWEATING.

The sweating of phthisis is often a very troublesome symptom. It is generally considered one of the elements of hectic fever. It has been termed nocturnal because of its prevalence during the night. It oftener occurs towards morning, although in the advanced condition of the disease perspiration will take place whenever the patient falls asleep. Earlier in its course I do not think it a good plan to interfere with the perspiration too much. It seems to be a compensatory process for getting rid of excretions, which, as some believe, should go off through the pulmonary surface. The skin, therefore, assuming this function (if the theory be correct) is really doing a good work for the patient. Unfortunately, however, not only water and excrement but the salts of the blood pass of in considerable quantity by this transpiration and materially weaken the patient. When, however, sweating has gone far enough, then something must be done to check it; even though an extra burden be reverted to the disabled lungs. One of the oldest and most efficient remedies is *aromatic sulphuric acid.* This seems to have an astringent or tonic effect on the sudoriferous glands, and it may be administered in doses of from ten to fifteen or twenty drops well diluted with water three times a day. In addition, the svrface of the body may be sponged with a weak solution of acetic acid, or very dilute sulphuric acid. I much prefer, however, a sponge bath of a solution of common salt. *Belladonna* in some form or other is perhaps the most efficient of all remedies used for this particular symptom. It may be administered as fluid extract or tincture, or what is better a small pill of the alkaloid (atropine) one-sixtieth of a grain every evening, care being taken to stop its administration as soon as the physiological effects on the throat and pupil become manifest. There are some persons to whom this drug cannot be administered at all on account of idiocyncrasy. A recent remedy which is highly spoken of, but which I have had no experience with, is a tincture made with common house cobweb. It is said to be efficient where mineral acids and belladonna fail. Tonic doses of iron and quinine sometimes effect the abatement of this symptom with or without sponging or picrotoxin. Some patients will beg to be sponged off after every attack of sweating, while others will persistently resist through fear of "taking cold." I think, however, in all cases where the perspiration is excessive that the body should be sponged once a day. This operation should not be repeated too often in any case; although the patient may seem uncomfortable, there is not so much danger of taking cold by frequent bathing as from washing away of the mineral constituents carried outside, some of which might possibly be absorbed if allowed to remain in contact with the skin for a while, subject as it, were, to the ebb and flow of this respiratory tide.

OPERATION FOR VESICO-VAGINAL FISTULA.

BY J. H. CARSTENS, M. D.*

[Reported by A. M. Kersten.]

Mrs. B., aged 35. Had six children. Lost her husband in November, 1884. L. O. A. position. Large child. Woman had fretted much after her husband's death, and was at the time of parturition in a delicate state of general health, much emaciated and enfeebled.

Pains rather indifferent; head remained in the excavation for over three hours before recourse was taken to the forceps. Instrumental delivery very easy, no rupture of perinæum.

No trouble in micturition for first two days, on third day patient complained of watery discharges and upon inquiry stated, that she had not voided urine for over twelve hours. On passing the catheter, bladder was found to be empty. This aroused suspicion and on examination a fistula was detected in anterior vaginal wall, about one-fourth inch anterior and below the cervix uteri and a little less than one-half inch in diameter.

No pain whatever was complained of. As it is very often the case, so here, patient and friends laid the blame to the consulting physician and the forceps, although the known skill of DR. HOKE absolutely excludes any such a supposition, and the cause of the trouble had to be looked for in the protracted course of the second stage, long-continued pressure of the fœtal head and consequent sloughing of the soft parts at the seat of injury.

Patient was removed to Harper Hospital and at once put upon supporting treatment up to the day of the operation.

Operation.—The patient being placed upon a table about two by four feet, properly covered with blankets, was brought under the influence of chloroform by DR. GAILEY, laid upon her left side, thighs bent at right angles with the pelvis, the left arm behind her back and her

* Prof. of Obstetrics and Clinical Gynæcology, Detroit Medical College.

chest and sternum brought to bear upon the table. Next, SIMS' speculum was introduced by an assistant and the posterior vaginal wall gently drawn back by it, while a second assistant held in position a silver catheter, previously introduced and with his right hand elevated the right side of the nates. Everything being ready, the required instruments close at hand, PROFESSOR CARSTENS proceeded to the first step of the operation. With a strong tenaculum catching hold of the remotest edge of the fistula, he commenced to pare its walls with a long-handled bistoury from the vaginal mucous membrane toward the bladder. Having succeeded in one place, another part of the fistulous edge was grasped and the process of paring repeated, until a perfect circle of healthy tissue was obtained, about eight to nine lines in diameter at the vaginal wall and evenly tapering off towards the bladder. The danger of wounding the very vascular lining membrane of the bladder was skillfully avoided and consequently the amount of hemorrhage was only very slight and easily controlled by sponging.

The first step now being successfully completed, the operator proceeded to the passing of the sutures.

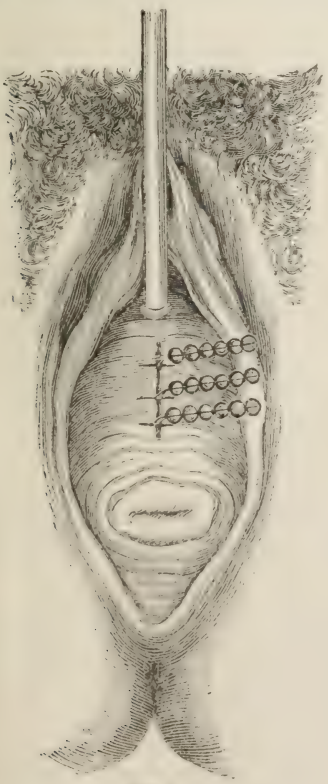

FIG 1.

Annealed silver wire was the material employed. Slightly curved, round needles, about three-fourths of an inch in length, were used and in all three sutures passed. These were, after carefully approximating the pared edges, tightly secured by perforated shot in the following manner: The operator drew the ends of the wires through the shot—five in number for each suture—and after bringing them with gentle force close up to the edge of the wound, compressed, with an instrument constructed for the purpose, only the last one of the shots slipped on, in this manner keeping the whole string well secured.

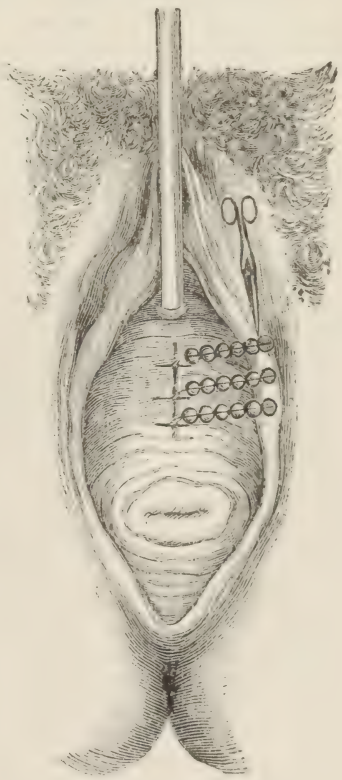

FIG 2

This ingenious method—also employed by PROF. CARSTENS in operating for lacerated perinæum—allows of an easy removal of the sutures after they have done their service, and as it does away with the often impracticable, in certain locations even dangerous twisting of the wire, has an apparent advantage over the old method. All that is necessary is to cut the wire between the fourth and fifth shot; the others can be pulled off and the long ends of the wire grasped and removed.

The silver catheter used during the operation was now replaced by a stationary "Sims' sigmoid" catheter,—an opiate administered and the patient put to bed.

MONSTERS.

BY D. W. FLORA, M. D., NEWAYGO, MICHIGAN.

Allow me to say to DR. BAILEY, of Mount Ayr, Iowa, that I am no "profound theorist," yet thirty years of study and observation may enable me to throw some light upon his "singular monster," described in THE AGE of 25th ult.

The first specimen of the kind I ever saw was suspended in a jar in my preceptor's office, and was called the "bullfrog." There was no skull, no brain; the eyes almost on top of the head, and bulging; no vertebræ, no spinal cord—only a canal filled with fluid; the limbs flexed upon the body. A front view very much resembled a huge bullfrog.

The history of this "monster" confirmed the popular "theory." The mother, about five months pregnant, was terribly frightened by a huge bullfrog which came out of the marsh. She ran until she fell down exhausted. Some days afterward she was delivered of this "*lusus naturæ*." There was no use in denying this fact, neither the popular theory. The woman had been profoundly frightened by a bullfrog, and was there not the bullfrog as large as life, and twice as natural?

Twenty years afterwards I attended the birth of bullfrog No. 2. A lady was delivered of a six-months fœtus which was a true counterpart or twin of No. 1 of my preceptor. But, unfortunately for the popular theory, the mother of the last never saw the frog. But she saw an *ox* with a bloody foot, which had been badly cut with an ax by a man who was "swamping." In order for the theory to hold good, this fœtus should have had a cloven foot, or several toes off, and bloody marks, etc., etc.

But that discrepancy by no means disproves the facts. In both cases the mothers received profound shocks to the nervous system, which arrested development in embryo. And so it was, no doubt, in DR. BAILEY'S "monster," no matter whether in the museum or elsewhere, whether by seeing a monkey or a bullfrog. The *shock* is the cause of the arrest of growth. The cleft palate, absent septum of the nose, absence of the fingers—all arrested development! Then, no rectum; the colon opening into the vagina, perhaps. The case was an hermaphrodite; the penis not developed; the labia majora not uniting to form the scrotum; no testes descend, because no scrotum—all evidences of arrested development!

I have used the term "*lusus naturæ*," freak of nature, but only as a descriptive term; no such thing exists in nature. Every animal is developed according to *two* laws which are universal and immutable—the law of *generalization* and the law of *specialization*. The first law would confine all growth to a few simple primordial types, while the latter would, if working alone, give us an infinity of forms. The two working together give us the vast diversity of species and variety, yet still referable to a few classes and orders. The German metaphysicians claim that man in his embryonic development passes through the several types of the vertebrate kingdom. According to this law, which I believe to be the true one, we can readily see the result of arrested development at any particular stage, representing a certain type in a lower form or order. The rudimentary organs in man represent fully-developed ones in a lower order of mammals. Take for example the three muscles of the external ear, the attrahens, retrahens and attollens aurem. Man has no use for them, but the ox and the deer have.

Sex is an accident of evolution depending mostly upon the surroundings of the fœtus. "Until near the seventh week of embryonic life there is no difference of sex. The external genitals, at least, are common." So also the mammal. The female retains the rudimentary penis, but we call it the clitoris, just as the male retains the rudimentary mammary gland so largely developed in the female.

"Congenital clefts," of the kind described by Dr. Bailey, "are the results of arrested development occurring during the primitive condition of the parts."

"The primitive form of the extremity is the same in all vertebrates whether destined for swimming, crawling, walking or flying. In the human fœtus the fingers are at first united as if webbed for swimming."

"Originally, the true cranium is formed of but one mass, a cerebral capsule, the chorda dorsalis being continued into its base."

The above quotations are from Kirke and Paget's excellent work on Physiology, in the section on Development.

DR. KNOX, an eminent comparative anatomist, says, "I have seen the adult with the clefts in the neck imperfectly closed, three on each side corresponding to the bronchial arteries of the embryo, but the permanent gills or lungs of the fish."

DR. BAILEY is no doubt acquainted with families where the congenital deficiency of a finger or a toe, or a redundancy of one or more has become, by transmission, a type or variety.

The easiest and most scientific way of accounting for variations of this kind is by the law of arrest of development. The impression, the shock to the system through the mental or emotional faculties may continue that particular variation or deformity. The mind of the mother impresses the fœtus in utero with the mental or physical qualities of the father as well as her own. Nay, even the perfections or deformities of other persons, even of strangers.

It is the *intensity* of the impression that tells upon the embryo.

The subject has its fascinations for me, but some regard to the tastes of others, and the limited space belonging to each of us, warn me that I must close for this time.

A CASE OF DIPHTHERITIC PARALYSIS.

BY JOSEPH Z. SCOTT, M. D., SCANDIA, KANSAS.

I have a case of paralysis which followed a severe attack of diphtheria, that I think will be of interest to the medical profession; and, acting on this inspiration, I will detail its symptoms as briefly as possible:

On about the first of November last I received a summons to go into the country about five miles, to see a young man by the name of Geo. Parde. His father, who was the messenger, urged great haste, as he said he feared his son would choke to death before my arrival. When I arrived at the bedside I found a very severe case of pharyngo-laryngeal diphtheria. The patient was a stout, robust young man, twenty-one years old, weighing about 225 pounds, and had never been sick before. I made an examination of his throat, and found the tonsils both heavily coated with diphtheritic exudate, and all the other symptoms that are usually present in a very severe case of diphtheria I found in this—dyspnœa, high temperature, albuminuria, weak circulation, etc.

I gave as treatment a gargle composed of:

℞ Liq. ferri. sub. sulph., ʒ ij.
Glycerinum q. s. ad ℥ j.

M. To be applied once in three hours with camel's-hair brush.

I gave muriate of pilocarpine, gr. i. to ℥ iij of water, in teaspoonful doses once in three hours, alternated with:

℞ Tinc. ferri chloridi,
Potass. chloratis, ää ʒ ij.
Syrup. simplicis, ℥ iv.

M. Sig.—Two-teaspoonful doses.

Under this treatment the violence of the disease subsided, after the exudation had re-formed four times. I have omitted to say, in the proper place, that I gave gr. ij. of quinine in capsule, and also in the start I opened the bowels with calomel.

The case, after this, went on to what appeared to be complete convalescence, and I dismissed it. In about two weeks I was again called to see him. This time I found him with all the symptoms of paralysis, with amaurosis, being unable to read the largest print; nasal tone of voice, and more or less paralysis of the vocal cords, and difficult deglutition. Following this, complete paraplegia was established, he being unable to stand, even on crutches. Reasoning that this was the sequela of diphtheria, I prognosed favorably, but told the young man that he was probably in for an eight or ten months' siege. My treatment was: Quinine, gr. iij, and sub. carb. iron, gr. iij; this amount three times each day, alternated with:

℞ Fl. ext. damiana (P., D. & Co.), ℥ j.
Elixir quinine, iron and strych., ℥ ij.

M. Sig.—Teaspoonful three times per day.

Omitted the quinine and iron after three weeks' treatment, but held to the damiana and elixir. At this date the young man seems to be rapidly recovering, having been to town several times, and being able to walk with a cane.

I regard this as a typical case of paralysis following diphtheria.

DETROIT MEDICAL AND LIBRARY ASSOCIATION.

ADJOURNED MEETING, March 9th, 1885.

The president, DAVID INGLIS, M. D., in the chair.

The secretary presented the resignation from office of the Librarian, DR. H. ERICHSEN.

On motion the resignation was accepted.

DR. HELEN F. WARNER, chairman of the Nominating Committee, reported for the committe the following nominations: DR. H. A. WOOD to be librarian *vice* DR. H. ERICHSEN, resigned: DR. J. G. JOHNSON to be member of the Committee on Publication to fill the vacancy made by the death of DR. T. N. REYNOLDS.

On motion the report was adopted.

DR. WARNER asked all members who expected to attend the coming meeting of the American Medical Association at New Orleans, to give their names to the Nominating Committee that they might be sent as delegates from this Association.

DR. DUFFIELD exhibited a healed wound 9½ days after operation, also a section of keloid, and of hair with sebaceous glands, together with a liver which had undergone a high grade of fatty infiltration.

DR. A. E. CARRIER then read a paper upon "The Diagnosis of the Skin of the Face of Adult Males.

DR. WIEST reported a case of cystitis in a woman; used as an injection the fluid extract of hamamelis, which acted nicely. There was considerable urethritis, and iodoform with morphine was used, and so far with good results.

DR. PRATT reported the case of a man who had passed 40 or 50 small urinary calculi and small hydatid cysts in abundance. One thing about the case seemed peculiar, that as soon as the man was anæsthetized, he would stop breathing. The doctor asked if the condition of the

bladder had anything to do with the unusual action of the anæsthetic.

Dr. McGraw thought the principal danger from an anæsthetic was its action upon the respiratory centres. In his experience these cases show trouble with the respiration and rarely with the heart.

Dr. Hutton exhibited an obstetrical belt, and reported a case of placenta previa, in which the child was still-born at the age of seven months.

Dr. Hoyt thought that the obstetric belt would interfere with the circulation of the fœtus.

Dr. F. W. Brown gave the following report of a case: A man, jaundiced, aged 40 years, reported at St. Mary's Dispensary complaining of headache and cough. Two days later he said that his feet were swollen. Diagnosis was then made out to be, after careful chemical and microscopical examination, chronic parenchymatous nephritis. I called at the patient's house, found his urine to be free, with the urea very much diminished; he had persistent headache and some symptoms of uræmia. Hæmoptysis was present, and a subacute pneumonia was progressing; there was no special dropsy in the feet or face. Several days after I was again called, found the pulse labored. I called Dr. Boice and together we bled the patient, taking 12 ounces of blood. Dyspnœa at once stopped, urates appeared again in large quantitiec, but the dropsy increased very rapidly, and the patient died four days after the bleeding.

Dr. Boice said that the difference in breathing before and after the bleeding was very marked, and believed that the bleeding aided in prolonging the patient's life.

Dr. Jennings reported two experiments on the solvent action of pancreas on diphtheritic membranes. The preparation used was Fairchild's extract of pancreas in the following formula:

℞ Extract. pancreat. gr. x.
Sodii bicarb. gr. v.
Aquæ ℥ j.
M.

Two pieces of very tough diphtheritic membrane, about one inch long and one-half inch wide, taken from the trachea a few days after tracheotomy, were placed in one-half an ounce of this solution in an evaporating dish, and kept at a temperature of about 100° F. In 15 minutes the edges of the membrane were softened, in 20 minutes the membrane was soft and pulpy, and in one-half hour it was dissolved.

The great advantages which this solvent appears to possess over others are that it acts with great rapidity and is a non-irritating, alkaline medium. Chemical solvents, like lactic acid and potassium hydrate, are severe irritants when used in solution strong enough to rapidly dissolve membrane. Pepsin, although a physiological solvent, requires an acid medium.

After quite an experience with various reported solvents, especially after tracheotomy, the doctor had given them all up and recently had used only a solution of sodium bicarbonate. As good results had been obtained with this solution, although it has no solvent action properly speaking. The addition to it of trypsin, a physiological solvent of albuminoids, might prove of considerable value.

Whether a solvent is useful in the treatment of pharyngeal diphtheria is a question. The cases in which we have most to fear decomposition of the membrane and septicæmia, are beyond the reach of such remedies because the exudate is located in the nose and nasopharynx. In laryngeal diphtheria, in which the chief element of danger is the membrane, more is to be expected; but even here we find great difficulty in applying the solvent. Children frequently object most strongly to a steam spray, and the narrow glottis and tortuous passage to it prevent free access to the diseased membrane.

After tracheotomy for laryngeal diphtheria, however, the conditions are such that there can be no doubt as to the usefulness of solvent sprays, and the one spoken of may prove of the greatest value.

The doctor's clinical experience with the solvent had not been sufficient to warrant a statement of results, but Dr. J. Lewis Smith and other recent writers commended it highly.

Dr. O. W. Owen made the final report on the case in which he had performed paracentesis of the right pleural cavity, after freezing the skin and applying a spray of cocaine to the subjacent tissues.

The little patient (but two and one-half years old) progressed nicely after the operation until the exudate only amounted to a teaspoonful, when, upon a cold night the left lung became congested, and the little patient died from pneumonia.

In performing the operation of paracentesis, the doctor recommended that two incisions be made, one above the other, so as to facilitate the discharge of purulent collections.

Dr. McGraw said that the reference to pancreatin as a solvent in diphtheritic membranes, seemed strange, for the German operators had noticed that when the pancreas had been wounded in cases of abdominal section, the patients would inevitably die of sepsis; such wounds do not heal. How then pancreatin, which, if these reports be true, can act as a solvent to diphtheritic membrane, is a question for research.

Dr. Jennings replied thus to the objection: Pancreatin has been used in peptonized milk

without producing decomposition or putrefaction.

DR. MCGRAW then reported the following case: A boy in ST. MARY'S hospital had been suffering from suppurative disease of both kidneys. The urea was deficient only about one-quarter of the normal amount. There was great vesical irritation, and quantities of pus were passed from the urethra. There was also an intermittent swelling of the left side. The doctor made an incision over the seat of the swelling, it having disappeared when the patient was placed on the operating table. A three-inch exploring needle was then introduced several times, but no pus was found. The patient died. The autopsy revealed a large suppurative distension of the left kidney, the right being very small, but filled with pus, and contained several calculi.

DRS. BROWN and DUFFIELD were appointed as a committee to make sections of the kidneys, and report at the next meeting.

DR. CARSTENS reported the following case: A woman, aged 22, had been suffering with dysmenorrhœa and anteflexion of uterus. For six or seven days had considerable fever. Had persistent vomiting, stomach unable to retain anything. The fever was reduced by the use of quinine suppositories; the stomach and vomiting slowly improved. DR. CARSTENS was sent for just as he was going out of the city, and so he recommended DR. BONNING to see the case. When DR. B. arrived he found the patient fast dying. The woman was buried, but the insurance company in which she was insured had her body exhumed and an autopsy held. The pyloric end of the stomach seemed thickened; the liver was considerably enlarged. Could discover no trouble of the brain. Pieces of the liver, stomach and lungs were sent to DR. GEO. DUFFIELD for microscopical examination. The enlargement of the liver was due to *fatty infiltration* of high grade. The pylorus was thickened, but no tumor was discovered. The lungs contained in places a slight catarrhal exudate.

DR. A. J. SWEICHLER was elected to active membership.

GEO. DUFFIELD, M. D.,
Secretary.

Correspondence.

COMPOUND OXYGEN.

My attention has been called by one of my patients to the compound oxygen treatment of DRS. STARKEY and PALEN, 1,109 and 1,111 Girard street, Philadelphia, Pa. The lady (patient) was advised by one of her friends to try this oxygen inhalation for her diseased lungs, but deferred to my judgment, as her medical adviser. Now, I did not feel it incumbent upon me to condemn ignorantly what I really believe to be unmodified charlatanry, without investigation. I therefore expressed no decided opinion, and said that I would search into the matter and base my future advice upon the knowledge thus obtained.

You will undoubtedly furnish me with the desired information. What is this compound oxygen? Is it not the peroxide of hydrogen or oxygenized water, and what are its real therapeutic effects?

By an early and exhaustive reply, you will greatly oblige,

* * *

NAPERVILLE, Ill., March 7, 1885.

[The above having been submitted to a competent chemist, we reproduce herewith his reply:

Under this name several different compounds are sold, none of which have any rightful claim to the name of oxygen. DR. PRESCOTT, of Ann Arbor, analyzed two or three of these, and reported that one consisted simply of ordinary water; another was a solution of ammonium nitrate, I believe, but I do not remember where the analysis was published. I myself had occasion to examine one of these preparations; whether it was that of "DRS." STARKEY and PALEN I do not know. It was given to me without label, and I did not then know that there was more than one kind of "compound oxygen." It was an inhalant mixture containing chloroform, a little iodine and lobelia.

It certainly would do no good to seek information from DRS. S. and P., except for the sake of exposing their pretensions. They carry on their operations with such effrontery, advertising even in the Scientific American, and leading literary magazines, that they ought to be exposed, and no one can do it better than the MEDICAL AGE.]

DAMIANA AS AN APHRODISIAC.

I have used damiana in two cases indicating its use as an aphrodisiac, but the results following the first prescription were not sufficiently marked to warrant any opinion of its merit in such cases.

As little could reasonably be expected in case of a small quantity, I recommended its continuance, and for one month the report obtained was that damiana was the best laxative ever used in obstinate constipation.

Two weeks later the expected effect of the medicine began to appear, and to-day both

cases report full restoration to sexual vigor. These cases were men between forty and fifty years of age; both had been unable to perform copulation since excision of hemorrhoids three years ago. That damiana is a complete and reliable aphrodisiac is fully proven in these two cases.

My belief is, the failure to obtain satisfaction from its use is due to impatience for immediate results, and that with a fair test it will rarely, if ever, disappoint.

W. H. MILES, M. D.

CLEVELAND, O., Feb. 26, 1885.

THE MICHIGAN MEDICAL BILL.

I wish to call your attention to a point in the Medical Bill before the Legislature, which was published in the last number of THE MEDICAL AGE. In said bill no recognition is made of licences issued to physicians after examination under the statute of 1846. These licences confer upon the holder the right to practice medicine and surgery throughout the state. I am informed by high legal talent that it is not in the power of the Legislature to pass a law that shall interfere with the rights conferred by said licences. Would it not be well to call the attention of the members having this bill in charge, to the omission, that the correction may be made?

HENRY K. LATHROP, M. D.

ROYAL OAK, Mich., March 19, 1885.

A LARGE OVARIAN CYST.

On the 20th of February, 1885, DR. CLARKE, of Cambridge, Wis., assisted by the undersigned, tapped a woman with an ovarian tumor, and drew off eleven gallons of fluid. The first signs of the tumor were noticed four years ago, and she was now tapped for the first time. Judging from the size of the solid part of the growth, which could be easily manipulated through the relaxed abdominal walls after tapping, the whole must have weighed between 95 and 100 pounds.

In the strictest sense of the words, it may be said of the woman, *ventrem gravem tulit.*

A. C. AMUNDSON, M. D.

CAMBRIDGE, Wis., March 18, 1885.

The Medical Age.

A SEMI-MONTHLY REVIEW OF MEDICINE.

JOHN J. MULHERON, M. D., Editor.

—PUBLISHED BY—

GEO. S. DAVIS, Medical Publisher, Box 470.

DETROIT, MICH., MAR. 25, 1885.

Editorial.

CHLORIDE OF GOLD AND SODIUM.

This salt is described in the U. S. P. as a mixture of equal parts of dry chloride of gold, and chloride of sodium. It was added to the list of officinal drugs by the Committee of Revision, in the 1880 edition of our Pharmacopœia, and is described as "an orange yellow powder, slightly deliquescent in damp air, odorless, having a saline and metallic taste, and a slightly acid reaction." The reason for this officinal recognition of it is not quite clear, its medical properties not being at that time very well known. It was supposed to exert something of an alterative action on the tissues, and to have some special affinity for the genital organs. Since this recognition, however, more attention has been given the salt, and several very important properties have been developed for it.

DR. BARTHOLOW has devoted some attention to the study of this salt. He holds it to be an alterative—promoting tissue-metamorphosis or metabolism. It is a blood tonic when given in doses of the twentieth of a grain. Continued too long, however, there occurs a waste of tissue in excess of repair, and this latter property has suggested its use in sclerosis, whether nervous, hepatic or renal, and it has been found especially useful in posterior spinal sclerosis and in chronic interstitial nephritis. Its early and persistent use has seemed to be of value in locomotor ataxia. In fibroid kidney also have its effects been good. In that form of hypochondriasis coincident with an onset of degenerative changes in the cerebral vessels, DR. BARTHOLOW has found the salt to be very effective.

DR. G. L. MAGRUDER, of Washington, reports (American Journal of Obstetrics, Feb., 1885) his experience with auri et sodii chloridum in whooping-cough, the result being such as to encourage further trial of it. Whooping-cough is characterized by three stages—the catarrhal, the spasmodic or convulsive, and the stage of decline. It is the second stage which particularly interests the therapeutist. Probably no

disease has had so many remedies recommended for it as have from time to time been vaunted as specifics in this stage of the disease. Text-books and journals alike have from time to time been laden with them; but, weighed in the balance of experience, they have, almost without exception, been found wanting, in so far as abbreviation, or even mitigation, of this stage is concerned. In the cases treated by DR. MAGRUDER, the gold and sodium chloride was given in the second stage of the disease. After a number of the usual remedies had been given without relief, in the first case, this was tried. The patient was a male, three years old. DR. M. was induced to give this new drug through a statement by DR. BARTHOLOW that a physician of large experience had informed him that he had successfully employed it in pseudo-croup, or laryngismus. He gave it as follows:

℞ Auri et sodii chloridi, gr. ij.
Aq. destil., ℥ j.

M. Sig.—Five drops every two hours.

Commencing at 2 p. m., this was given until 9 p. m. That night the child did not vomit once, nor did his mother have to get up with him once, although up to that time she had to get up from eight to ten times. In about a week the vomiting and coughing had almost entirely ceased, when the medicine was discontinued. The cough thereupon returned, but was immediately checked by a return to the medicine. In three other cases embodied in the report, the results were not less satisfactory. We hope our readers will give this new remedy a trial in whooping-cough, which is, we believe, now somewhat prevalent in some parts of the country, and report to us the results.

THE STUDY OF NEW REMEDIES.

In spite of formidable active opposition and a vast amount of indifference in quarters in which therapeutic fashions are wont to originate, many of the new remedies, so-called, have secured such a firm foot-hold as to convince the most casual observer that they have come to stay. Their persistent employment by the matter-of-fact practitioner, as distinguished from the dilletante physician, has compelled their recognition by the authorities, so-called. These latter having been forced to concede that "there must be something in these new remedies," have addressed themselves to the task of discovering in their physiological actions, the *modus operandi* of their unmistakable therapeutic properties. The result is that a very considerable space in current medical periodical literature is being devoted to the records of physiological experiments made with them. This reversal of the usual plan of enriching the physician's armamentarium will, we believe, prove very profitable. Certainly many of the drugs of more recent introduction, and which are now highly esteemed, would have been practically unknown had the older method been followed.

After all, the only reliable test of a drug is its effect in diseased conditions, and the most elaborate experiments on the healthy organism can never be a reliable guide to its therapeutic use. But the cue having been given by its somewhat empirical administration, the fullest knowledge of a drug must come through its investigation by more exact methods. We are, therefore, pleased to note a systematic effort at such methods in the action of the State Medical Society of Connecticut. A committee of the Society, entitled the "Committee on Matters of Professional Interest in the State," have issued a circular to the profession recommending a careful trial of three drugs of recent introduction, namely, convallaria majalis, piscidia erythrina and cascara sagrada. This is the first move towards a collective investigation of these drugs, and the probability is strong that many interesting facts will be discovered through this means. We would commend the plan to the consideration of the medical societies of other states. The time has passed when the physician feels like apologizing for employing these drugs. We are so bound by traditional notions of propriety in these matters that we have, greatly to the injury of progress in therapeutics, refrained from following the sound scriptural injunction to "prove all things," that we may determine what is "good" in order that we may "hold fast" to it. Let the example of the Connecticut State Medical Society be followed, and we predict great good as the result.

THE MEDICAL JOURNAL AS AN EDUCATOR.

Few physicians will deny the great benefit which attaches to the thoughtful reading of their medical journals, but, perhaps, not many have ever undertaken to formulate the specific advantages which they derive. The text-book forms the foundation of medical knowledge, but after the student has possessed himself of its contents, he is thrown back on himself and his own experience and powers of observation for progress in his calling. Text-books, moreover, are of man and are not untainted by the imperfections of his kind. Such of them as are not mere compilations perpetuate the errors of their authors, and such of them as are chiefly compilations perpetuate the errors of others. The practitioner who bases his practice on the text-books exclusively, depending on his

own experience to correct their errors, may spend his life, during the period of which his patients suffer the evils, in unlearning that which he has learnt of wrong. The most enthusiastic dreamer never hopes to see the time when the young man shall be sent forth from his alma mater panoplied in absolute truth. The recent graduate has much to unlearn, as well as to learn, and this learning and unlearning cannot come from such fixed and unalterable instructors as the text-books are, in their very nature. Experience is a most excellent tutor, but, unfortunately, his own experience is likely to be limited for a number of years. In view of this fact the experience of others is invaluable, and indispensable to progress. This experience may be communicated to him through various channels—personal conversations with fellow practitioners, discussions of medical societies, and medical journals. The immense superiority of the latter as a means to this end, it requires an argument to establish.

In an editorial article in the New York Medical Journal of the 14th inst., there occurs the following, which we quote as pertinent to the above remarks: "To our mind, the great distinctive service of American medical journalism consists in this, that it has counteracted the pedantry sown in the schools, as far as it has been able, and encouraged the expression of thought in young men. This of itself is enough to commend it to the lasting gratitude of the medical profession. If any one doubts that the medical journals constitute the cradle of rising thought in the American profession to-day, let him compare the list of contributors to the same, with their ages as expressed by the time of graduation. More than one of these young gentlemen has added two or three volumes, besides thirty or forty articles, to medical literature before the age of one-and-thirty. This of itself is most gratifying; and it is but right to state that it is in a great measure due to the independent exertions of the medical editors themselves, whose practiced eyes are accustomed to detect promising material where it was least expected. Many a flower of journalism, apparently doomed to 'blush unseen,' has been discovered in this way, as the testimony of any medical editor of prominence will amply bear witness.

Nor have these good offices been by any means confined to isolated instances, for the example has been contagious, and the precepts of the few have been gradually followed by the many. There is no encouragement to endeavor at all comparable to the 'printed word;' nor is there any means of mental development at all equal to the systematic and conscientious use of the pen, as the professional histories of those who have thus used it abundantly testify."

GENERAL GRANT'S CONDITION.

Unfortunately the progress of GENERAL GRANT'S disease since our last issue affords little justification for the hope that it may eventually be stayed. While the destructive ulceration has not been extensive the glandular involvement is very serious, while the systemic condition has sunk to a low ebb. At the last weekly consultation of his regular attendants and their counsel, the advisability of a radical operation for the removal of the malignant growth was discussed. The only surgical procedure which would afford any possible hope of benefit was decided to be the division of the lower jaw at the symphysis, the extirpation of the entire tongue and the greater part of the soft palate, together with the removal of the ulcerated and infiltrated fauces, and the indurated glandular structures under the right angle of the lower jaw. The low vitality of the patient, however, rendered it extremely doubtful whether such a formidable operation would be advisable, and it was deferred in the hope that the systemic condition might sufficiently improve to render it more warrantable. The pain has been held in check by means of anodynes, among which the local application of cocaine hydrochlorate has been prominent. The usual intolerable pain in such cases has not yet appeared; should it do so it has been decided to divide the gustatory nerve.

We regret to note that certain of our contemporaries, notably the Philadelphia journals, are taking exceptions to the reports which the attending surgeons, DRS. FORDYCE BARKER and J. H. DOUGLAS, and the consultants, DR. HENRY B. SANDS and GEORGE F. SHRADY, are furnishing the public. They maintain that such reports are a violation of the letter and spirit of the Code of Ethics. We are not disposed to argue the ethical bearings of this matter, but maintain that the raising of such aquestion under the present circumstances is a piece of qnestionable taste. GENERAL GRANT is not the private patient whose case immediately interests the members of his family only. He belongs to the Nation and to humanity, and there is not a citizen of this country especially, whose anxiety and sympathy have not been aroused by this affliction. The people demand that his attendants advise them frequently of his condition; quite as much, indeed, as if the bond which unites them to him were one of consanguinity. The case is one which no hard-and-fast rule of ethics can cover, and the attempt to apply such rule to it would not redound to the professional good. It seems very inopportune to raise such a question under existing circumstances.

THE INTERNATIONAL MEDICAL CONGRESS.

The ninth International Medical Congress will be held at Washington, D. C., in 1887, and already the matter of arranging for it has been placed in the hands of a committee. It would seem that in an affair of this kind the profession of the whole country should be invited to participate. The United States is a Nation of various sections, each of which is jealous of its rights. There was a time when the education and culture of the country were largely confined to one section, and the others were accustomed to defer to it in these matters. But that time has passed. No city, state or section has now the monopoly of intelligence or refinement, and this is particularly the case in the matter of medicine. While the Atlantic cities are great and powerful in the latter domain, and embrace many of the leaders of professional thought, their claim to stand for the whole country is no longer tenable. There are scattered abroad between the oceans washing our eastern and our western shores, men who are the peers of any in the east, and who just as faithfully represent what is highest and best in American medicine. This fact is, we believe, pretty generally conceded, notwithstanding the contempt in which certain egotists of the east affect to hold the profession of the west. This being the case, there is no section which concedes the right of any other section to represent it, without its express permission.

It is because of the above facts that there is no little fault found with the organization of the coming International Medical Congress. The committee having this matter in charge met at Washington in November, and elected officers for the Congress. It may have been accident or it may have been design, but the fact remains that in this election the fact that there is a west or a south, or, indeed, anything outside of the Atlantic cities, has been quite ignored. Boston, New York and Philadelahia have apparently united to run the thing. As the Texas Courier-Record indignantly points out, "the entire south and west, and the whole continent west of the Mississippi river from Canada to the Gulf, have been utterly ignored in the organization, and not a physician from Chicago, Cincinnati, St. Louis, Denver, Richmond, Kansas City, Atlanta, New Orleans, Austin, Detroit or Charlestown, has been thought of sufficient importance to be named." It is highly desirable that the Ninth International Medical Congress be a success, but in order that it be such the whole of the country, and not a mere section of it, must be recognized in it. The profession of the west is growing restive under the patronizing treatment which it too commonly receives at the hands of the mugwumps of the East.

BICHLORIDE OF MERCURY IN PHTHISIS.

The physician who accepts the more commonly accepted view of the effects of mercury on the system, viz.: that it is a spanæmic, would select almost any drug in preference to this in a case of consumption. This view has, however, been, of late years, found to be erroneous, the more recent being that mercury, in doses sufficiently small, increases the number of red corpuscles and otherwise improves the quality of the blood. It also has a selective action on the lymphatic system. Holding to these more modern, and, probably, advanced views, DR. P. C. KALLOCH, U. S. M. H. Service, was induced to give corrosive sublimate in phthisis, and he reports his results in the Medical News of the 14th inst. He holds to the opinion that the lymphatic system is largely at fault in this disease—that phthisis and scrofula are, in fact, identical. The experience on which he bases his report covers thirty-three cases. His prescription is as follows:

℞. Hydrarg. bichloridi, gr. j.
Ammonii chloridi, ʒ ijss.
Alcoholis, ʒ ij.
Glycerinum et aquam q.s. ad ℥ iv.
M. Sig. Take a teaspoonful after each meal.

The only adjuvant employed was an embrocation of cod-liver oil and oil of turpentine over the chest twice daily. DR. KALLOCH regrets (and our readers will share the regret with him) that he has not, for various reasons, been able to follow his cases sufficiently closely to enable him to report with definiteness on the effect of this treatment on the pathological conditions. His patients were of a class which made it impossible for him to keep them under proper surveillance. He has seen enough of the treatment, however, to convince him that the results are more satisfactory than those of any drug, or combination of drugs, with which he has had experience: the cough has been improved, flesh and strength have been gained, and the patients have resumed their employment in many instances.

From his experience, DR. KALLOCH has arrived at the opinion that the drug should not be given in doses of more than $\frac{1}{32}$ grain three times a day, or only twice a day, if it is to be continued for more than two weeks without intermission. He believes it is better not to produce any of the characteristic toxic or inflammatory symptoms which follow the prolonged over-administration of the remedy.

WHAT IS AN ECLECTIC?

This question has been frequently asked, but has never received a definite answer. It was at one time supposed that eclecticism, as a special system of medical practice, differed from regu

lar medicine simply in the fact that it discarded minerals, and especially mercury. This view of it has, however, been controverted, and the eclectic of to-day claims it as his right to prescribe just what he pleases, and thus places himself on the same footing as the "regular." We have interrogated a number of practitioners of this school, but have never succeeded in discovering any reason, outside of a difference of opinion on the question of ethics, why they assume this distinctive name. The eclectic is bound by no code of ethics. He "goes as he pleases," as far as his ethical relations to his fellow-practitioners are concerned. If nature has made him a gentleman, his conduct towards them is not open to criticism; and if nature has happened to be faulty in her work, he is to that degree unfair in his dealings. Not having subscribed to any formulated "Code," he is absolutely unhampered by any hard-and-fast rules of conduct.

DR. SCUDDER, of the Eclectic Medical Journal, is, presumably, a representative eclectic, and his answer to the above question carries with it a certain weight of authority. He defines an eclectic as one who has cut loose from all *authority*—one who is a free man and a free thinker in medicine. He says for himself and to himself, that he is the best authority that has ever lived. He "would rather take DR. SCUDDER'S word for anything medical than any man or all the men since the days of Æsculapius."

With this definition of the word before us, we cannot discover any difference between an eclectic and an egotist. We do not believe that DR. SCUDDER'S answer to the question will prove generally satisfactory to the eclectics.

OF INTEREST TO STUDENTS.

The London Medical Student formulates a number of rules which experience has proven to be valuable in the case of students in England going up for their final examination. We reproduce them, by request, in the hope that they may assist some student in this country in the dread (?) ordeal through which he must pass before receiving his diploma:

1. Previously to going up, take some pills and get your hair cut. This not only clears your faculties, but improves your appearance. The Court of Examiners dislike long hair.

2. Do not drink too much stout before you go in, with the idea that it will give you pluck. It renders you very valiant for half an hour, and then muddles your notions with indescribable confusion.

3. Having arrived at the Hall, put your rings and chains in your pocket, and, if practicable, publish a pair of spectacles. This will endow you with a grave look.

4. On taking your place at the table, if you wish to gain time, feign to be intensely frightened. One of the examiners will then rise to give you a tumbler of water, which you may, with good effect, rattle tremulously against your teeth when drinking. This may possibly lead them to excuse bad answers on the score of nervous trepidation.

5. Should things appear to be going against you, get up a hectic cough, which is easily imitated, and look actually miserable, which you will probably do without trying.

6. Endeavor to assume an off-hand manner of answering; and when you have stated any pathological fact—right or wrong—*stick to it.* If they want a case for example, invent one "that happened when you were an apprentice in the country." This assumed confidence will sometimes bother them.

THANKS, THANKS.

We take this opportunity to thank the very many friends who have gladdened our heart with their expressions of approval of the manner in which the AGE is being conducted. Nothing so lightens labor as a knowledge of the fact that one's efforts are appreciated. It is our ambition to make the AGE what it should be, and should we fail the fault will not be so much ours as that of readers who fail to contribute of their means and experience. We have no fault to find with them in this direction, and yet we should be better pleased were they to send us more frequent contributions of little practical notes culled from their practice. There is not a reader who cannot in the course of a year send in a contribution of about four hundred words, covering some interesting observation in his practice. If each were to act on this suggestion, the volume of valuable practical matter which would be forthcoming from our 5,000 subscribers, would make the AGE a journal unsurpassed in its adaptation to the wants of the busy physician. It is a mistake to suppose that an article which does not show profundity of erudition is not acceptable to the editor of the medical journal. Facts are what is wanted and they who will but try the experiment will be surprised to find into what little space the statement of a fact can be compressed. They make a mistake who attempt to dress up a fact in a mass of irrelevancy. Our ideal journal has a minimum number of quotations from the text-books.

GELATIN PENCILS IN INTRA-UTERINE MEDICATION.

The difficulties and dangers attendant on the application of fluids to the interior of the uterus have stimulated the ingenuity of the gynæcolo-

gist to devise other means of topical medication of these parts. Pencils, we are told by DR. ENGLEMAN, of the Weekly Medical Review, were employed as substitutes by MARTIN, of Berlin, some score of years ago, but while proving an excellent means to the end they for some reason, probably their mechanical defects, did not become very popular. Within the past few years, however, the Yankee, whose genius in the matter of invention is proverbial, has given to the profession a medicated gelatin pencil which leaves nothing to be desired on the score of convenience of application and effectiveness. They can be readily introduced by the aid of the dressing forceps, although previous dilatation by means of a tent may be necessary in many cases, especially when the cervix has not been rendered appreciably patulous by endometritis. Gelatin is quite readily soluble in the secretions of the parts, and the medicament incorporated with it is thus brought into immediate contact with the affected membrane. We believe that when this improvement in the method of medicating the endometrium becomes thoroughly advertised to the profession, the demand for those pencils will be great.

Thirteen centuries before the birth of CHRIST, SEMIRAMIS, a woman, did a large business in removing testicles from the human male. She was a sort of an ancient, but reversed, Battey. Her victims were made overseers and guardians, the removal of the organs making them more tractable and obedient,—just as the gelding is more tractable than the stallion. It will be hard lines with the future man should the future woman, when she gains dominion in surgical science, undertake to retaliate for the liberties which surgeons of the present age are taking with the contemporaneous woman's ovaries. She will, doubtless, find little more difficulty in tracing the nervous affections which afflict men to this troublesome organ, than her male predecessors did in tracing similar affections in the woman to her ovaries.

The doctors in Austria are not embarrassed by the modesty which affects the physicians of this country, in the matter of signs. The size of their signs is limited in many cases only by the frontage of their offices. In one instance, according to the report of an American writer, the sign extended fourteen paces in length and was well-proportioned as to width. Notwithstanding the fact that our code prescribes no restriction in this matter, it is only those who are "off color" who indulge in great signs in this country.

One ounce of alum dissolved in five ounces of glycerin by means of gentle heat is, on the authority of DR. R. G. PARKER, (British Medical Journal) four times as strong as a saturated solution in water. It is said to be an excellent local astringent, and being compatible with iron, is much to be preferred to tannin as it is much more agreeable. As a local application in chronic pharyngitis of children it is especially efficacious.

The Northwestern Lancet tells of a Minnesota doctor of whom a midwife requested the loan of a pair of forceps. He sent her two left-handed blades, which she returned on the following day, with thanks, saying that she had succeeded in delivering the woman with them. And yet some will insist that women should not practice medicine! It would certainly have puzzled a male accoucheur to deliver a woman with such a forceps.

A recent commencement orator gave to the graduates three strands to weave into the rope of prosperity: Mastery of their art, the character and bearing of a gentleman, and common sense.

Extensive and serious adulterations in cubebs are reported. The Medical Record urges this fact as a strong argument for chastity.

Book Notices.

COMPARATIVE PHYSIOLOGY AND PSYCHOLOGY. A Discussion of the Evolution and Relations of the Mind and Body of Man and Animals. By S. V. Clevenger, M. D. Special Pathologist County Insane Asylum, Chicago; Member of the American Neurological Association, American Microscopical Society, etc.

Chicago: JANSEN, MCCLURG & CO.

The author starts out with a controversion of what he declares to be the prevailing conception of the mind, viz., that which is the natural outcome of the belief that the brain, the mind's organ, is a meeting place of material and inscrutable spiritual laws. In the place of this conception he substitutes the declaration that mind is the result of chemical union and interchange of atoms—a manifestation of chemical energy. He is intensely a materialist and displays considerable impatience with those "sincere and otherwise well-informed persons" who still adhere to "the superstitious way of thinking." He then proceeds to examine this particular manifestation of chemical energy which is known as mind, by an extension of HERBERT SPENCER'S principles. He endeavors to follow facts until they lead him back to the UNKNOWN, but he will not admit that this unknown is *unknowable*; for he has great faith in the outcome of future "chemical union and interchange of atoms" in the brain. He admits *ignoramus* as to ultimates, but denies the right of any one to cry *ignorabimus*.

It would be impossible for us, within the limits of our space, to follow DR. CLEVENGER through the labyrinths which he threads. His efforts are unique, and without essaying to pronounce any opinion on it from the superficial reading which we have had time only to give it, we would say that it is one of that class of books which the alienist and psychologist who would be abreast of the times should read for himself. It is scarcely such a book as commends itself to the general practitioner. The reader will be constrained to admire the author's ingenuity, even though he do not endorse his conclusions. Although the line of argument and reasoning is, in places, a little erratic, the effort is generally well-sustained throughout. A little more toleration for the views of others would not have impaired the book in minds attuned to an unbiased search for truth. But, this is, perhaps, not an objection; enthusiasts are, necessarily, somewhat extreme.

The mechanical execution of the book is very complimentary to the western publishing house.

A TREATISE ON BRIGHT'S DISEASE OF THE KIDNEYS, its Pathology, Diagnosis and Treatment, with Chapters on the Anatomy of the Kidneys, Albuminuria and the Urinary Secretion. By Henry B. Millard, A. M., M.D., Member of the N. Y. County Medical Society; Vice-President of the NY. Medico-Chirurgical Society; Honorary Member of the Société Anatomique, of Paris, etc. With illustrations.
New York: William Wood & Co.
Detroit: John MacFarlane.

The scope of this work is indicated in its title, and the careful reading necessary to the proper comprehension of the treatise will be found to be amply repaid. The author goes very minutely into the anatomy and pathology of the kidneys, and clears up, as far as the light of present knowledge permits, the causes of albuminuria. The chapters on epithelia and endothelia are new, in book form, and give the best description of the structures we have ever seen. The tests for albuminuria are the newest and most approved to date, and the chapters on the diagnosis and formation of cysts are especially worthy of note. The author divides nephritis into three varieties—croupous, interstitial and suppurative,—and devotes the subsequent pages to a full and complete study of them. The illustrations are new and exact, and the book as a whole is one of the most able on its subject now before the profession. In these days of increased, or more frequently detected albuminuria, no practitioner's library can be considered complete without a copy of it.

DOCTRINES OF THE CIRCULATION.—A History of Physiological Opinion and Discovery, in Regard to the Circulation of the Blood. By J. C. DALTON, M. D., Professor Emeritus of Physiology in the College of Physicians and Surgeons, New York, and President of the College
Philadelphia: Lea Brothers & Co.
Detroit: Phillips & Hunt.

This little book will form most entertaining reading for the physician whose tastes lead him to the study of medicine from another standpoint than that which has reference to it as the science and art of healing. There is something extremely fascinating in tracing the evolution of the science from its earliest dawnings, and in view of the vast importance of a knowledge of the circulation and its influence in crystallizing medicine into a science, its history is peculiarly interesting. In the work before us we learn of the eager grasping in the dark, of the early masters, for something which should form a tangible starting-point towards what they felt was beyond, and it is painfully interesting to note how nearly they often came to seizing what it was reserved for Harvey to seize, in 1628. ARISTOTLE, PRAXAGORAS, GALEN, VESALIUS, and SERVETUS, each made intelligent effort to this end, and though they failed, there was that in their efforts which, doubtless, assisted HARVEY to succeed.

The erudition displayed in the book before us is such as the profession rarely expects to see displayed, but when the fact is recalled that DR. DALTON is the writer, it occasions no surprise. The treatise is a classic, and will occupy a high place, both as a sample of research, and as an illustration of the beauties of a chaste style of diction.

THE NORTH AMERICAN REVIEW FOR APRIL.

The April number of this sterling monthly comes to us filled with a characteristically substantial store of contents. WILLIAM E. BEAR, editor of the Mark Lane Express, contributes a timely and thoughtful article on the Agricultural Crisis in England. CHARLES DUDLEY WARNER departs from his wonted sphere, and shows himself equally at home on the subject of Prison Management. The Law's Delays, by Chief-Justice T. F. HARGIS, is a paper which doctors as well as all others who have at any time to resort to litigation, will read with interest. ROBERT BUCHANAN, the English Poet, contributes an article on Free Thought in America. Characteristics of Persian Poetry, How to Reform English Spelling, and the Army of the Discontented, are written, respectively by AINSWORTH R. SPOFFORD, PROF. T. W. HUNT, and T. V. POWDERLY. A new feature in the periodical is a chapter of Comments on the articles appearing in the preceding number. These comments are by various writers, and, being short, pointed and pithy, they make very interesting reading.

Medical Progress.

THE THERAPEUTIC USES OF PERMANGANATE OF POTASH.*—(By DR. ROBERTS BARTHOLOW, Professor of Materia Medica in the Jefferson Medical College of Philadelphia.)—The therapeutic uses of permanganate of potash ($K_2 Mn_4 O_7$) have been investigated for some time past, not only in England, but on the Continent and in America. It has long enjoyed a reputation as a deodorizer, and this property it owes to the facility with which it parts with its oxygen in the presence of unstable organic compounds, resulting in their immediate and complete oxygenization or combustion. It is less efficacious, but by no means without value, as an antiseptic. It is second only to bichloride of mercury in the list of antiseptics, drawn up in order of merit by DR. MIGUEL in the Bulletin Général de Therapeutique, vol. 107, page 80; but the fact of its not being a virulent poison, like the bichloride, compensates in many cases for this inferiority. The property of deodorising has nothing necessarily in common with that of a germicide, except in those cases where the smell itself seems to constitute the *fons et origo malis*. Thus, brought into contact with snake poison, it decomposes it and renders it inert, a property first ascertained by LACERDA, who instituted a series of experiments with a view of proving the practicability of neutralizing the poison in the blood by internal administration, or injection into the veins, but these experiments were unsuccessful, although the unsuccess is probably attributable to the small proportion of salt which is enabled to reach the blood, the effect of the salt being merely chemically antidotal, and not physiologically antagonistic. Its action, then, is in this respect purely local, but this local action is rapid and reliable; poisoned bites or stings are at once relieved, and further symptoms obviated by the immediate application of a strong solution to the site of injury. Its action, when applied as a strong solution to an abraded surface, is to cause some tingling and smarting, with some superficial escharotic action. When mixed with water, in the proportion of 2 to 5 grains to the ounce, it is of service in recent gonorrhœa, leucorrhœa, and suppurating buboes; the latter being aspirated, and the contents have been drawn off, the cavity is filled with a 10 grain to the ounce solution. It is, moreover, extremely probable, with the result of LACERDA'S experiments on snake poison in view, that its local application to an infecting chancre may be productive of excellent effects. In all forms of unhealthy and sloughing syphilitic sores—in sloughing phagedæna for example—its employment in the form of a fine powder sprinkled over the sore is signally efficient in promoting local recovery. Its efficacy as a wash in ozœna, otorrhœa, and offensive sweating of the feet or axilla, is probably too well recognised to require notice.

Internally, it is somewhat irritating to the stomach if unduly concentrated or in too large a dose, but if administered in doses of two or three grains well diluted, no such effects are produced. The possibility of its being directly absorbed into the blood has been denied on account of the alleged appropriation of its oxygen by the organic constituents of the mucous membrane, but physiological and clinical facts point to the fact of such absorption taking place.

Inasmuch as the theoretical advantages of the internal administration of this drug are attributable to the nascent oxygen, or rather ozone, which is the result of its decomposition, it is desirable as well as interesting to ascertain, in the first instance, what the effect of this agent was. The recent studies of BINZ (*Berliner Klin. Wochenschrift*, No. 43, 1882) are particularly instructive in this respect. He finds that ozone has a hypnotic action, a calmative effect on the central nervous system, due, he supposes, to an impression on the cells of the grey matter, whereby this functional activity is suspended. In some trials on his own person he experienced the following results: His respiration became deeper and more easy, and he had that feeling of well-being produced in the healthy by the respiration of a pure and exhilarating atmosphere. Some drowsiness came on, with an agreeable languor, and afterwards there was experienced some heaviness in the head (hebetude), together with a general sense of fatigue, but no other disagreeable sensations.

The powers possessed by the permanganate of potassium as a general stimulant, are well exhibited in the active emmenagogue property which it has been shown to possess by DRS. RINGER and MURRELL. In cases of amenorrhœa due to torpor, anæmia, or deficient activity of the menstrual apparatus, it seems to promote the function in a remarkable degree, when given in doses of two to five grains three times a day for some days prior to the menstrual molimen. It is contra-indicated in cases of acute congestion or where a general condition of sthenic reaction exists. The same power which can so stimulate the sexual functions must, when exerted in other directions, prove equally effective.

As this drug is possessed of a more or less irritating quality, its use is contra-indicated in cases of acute inflammation of the stomach. It is especially indicated in chronic gastric and gastro-intestinal catarrh accompanied by fermentative changes in the food. Eructations of gas, vomiting of a yeast-like material containing sarcinæ and an acid fermentation of the starchy and saccharine constituents of the food, are often relieved very promptly by the administration of this salt. As the action is intended to be restricted to the stomach contents, the proper time for its exhibition is two or three hours after meals.

When the catarrhal process extends into the duodenum and involves also the bile ducts, this remedy has seemed to be highly efficient, and this in several ways—it checks fermentation, acts favorably on the catarrh of the mucous membrane, but especially promotes oxidation in the tissues undergoing metamorphosis, and while it stimulates metabolism, helps to consume in the normal way the products of waste. Uric acid, which appears in the urine, under the action of permanganate of potash is converted into urea, the form in which it is normally excreted. It follows then that it is a remedy of great value in lithæmia. It follows, too, that it must also be useful in affections cognate

* A *résumé* on the results of investigation recently made, with remarks.

to lithæmia, viz: the hepatic forms of glycosuria, and here again clinical experience confirms physiological observation. The special field of its usefulness in relation to diabetes is in those cases in which there appears to be an over-production of glycogen, and insufficient consumption or combustion or oxidation of this material. It will be found most useful in the obese subjects of glycosuria in whom the presence of much uric acid in the blood signifies at the same time inadequate preparation for absorption of certain food constituents by a supply of oxygen insufficient to convert uric acid into urea. For the same reason it is a remedy for obesity, although of course a judicious dietary and exercise must be obtained at the same time. Under suitable conditions the surplus and useless materials which under existing circumstances is converted into fat is oxidised and consumed.

Method of Administration.—As this salt is so readily decomposed it is obviously necessary to be very careful in preparing and administering it. The best methods are to give it either in pure water or in compressed compressed tablets.

The solution should be well diluted when taken, and should be given when the stomach is empty. A small dose repeated at intervals, say a grain or two every half-hour till four or six grains have been taken, is preferable to the exhibition of this amount in one dose. Given in this way, and commencing the administration in about four hours after meals, the diffusion of the salt into the blood is probably secured. There are two periods during the day when it can be given—the proper interval after breakfast and after dinner or luncheon. The same considerations should govern the administration of the pellets or tablets, or compressed pills undissolved, and sufficient pure water should be taken after them.—*Medical Press*, January 7, 1885.

THE NEW CARDIAC MEDICINES, CONVALLARIA AND CAFFEINE.—In a lecture on this subject, delivered at the Hôpital Cochin, M. Dujardin-Beaumetz explained that by the term "new" he meant the medicines which have come into common use within the last five years in the treatment of cardiac diseases: convallaria, caffeine, and nitro-glycerin; the first two being applicable to the treatment of mitral diseases and acting as cardiac tonics, the third being more particularly directed to the treatment of diseases of the aortic orifice and the aorta. This distinction, in a therapeutic sense, between mitral and aortic diseases, which was established in his Leçons de Clinique de Thérapeutic, seems now to be quite generally admitted; and as regards their cure, a marked difference should be established between them. In mitral diseases the object is to increase the force of the heart, and for this purpose the cardiac tonics are given. In order to better indicate the time when the cardiac tonics act most efficiently, the time over which the cardiac affection runs is divided into several periods, extending from the simple lesion to the period of cachexia. In the first period, to which FERNET and HUCHARD have given the name "eusystolic," the simple valvular lesion exists without alteration of the muscular structure; in this period hygienic care is alone applicable. In the second period, the "hypersystolic," cardiac hypertrophy compensates the trouble arising from the valvular lesions; and here, also, hygienic care is sufficient. In the third, the "hyposystolic" period, the compensation is ruptured and cardiac tonics are necessary. In the fourth, the "asystolic" period, the heart is in a state of fatty degeneration, or of cardioplegia, as GUBLER said, and the most energetic of the cardiac tonics, with the exception perhaps of caffeine, are powerless. In aortic diseases our medication must be directed differently, and against the cerebral anæmia and the irritation of the nerve plexuses surrounding the aorta, which result from the aortic lesions; it is here that drugs which stimulate the cerebral circulation and diminish the nervous sensibility are applicable. It should be well understood that this distinction in treatment is applicable only to one phase of cardiac diseases, and that in aortic diseases, insufficiency for example, there comes a time when on account of dilatation of the heart the mitral valve becomes insufficient, and both diseases must be treated at the same time.

Most important among the cardiac tonics must be placed digitalis, then bromide of potassium, and to those are now added convallaria and caffeine. As regards its action on the human system, convallaria is known as one of the most powerful diuretics, Germain Sée placing it even before digitalis. It is, therefore, especially applicable to mitral diseases accompanied by dropsy; but it should be stated that the diuretic action is decreased when there is albuminuria. It has, moreover, a calming effect upon the palpitations and disorders of the heart which do not properly belong to a valvular lesion, and if it be added that its preparations do not cause toxic phenomena in man, its principal advantages have been stated. Although it must be admitted that its action is at times very uncertain, it is a valuable cardiac tonic, for it may be used when we cannot use digitalis, and it has no inconveniences. It is well known that digitalis cannot be used continuously, and it is during the intervals that convallaria may be employed, taking care at the same time not to attribute all the diuretic effect which may result to the action of the latter, as the action of digitalis is kept up for some time after it is discontinued. The most useful preparation is the extract of the leaves and flowers, which may be prescribed in the following formula:

> Extract of leaves and flowers of convallaria, ℈ vss.
> Syrup of orange flowers.
> Syrup of five roots, ää f℥ iv.

The syrup of Langlebert, who has specially studied the preparations of convallaria, may also be prescribed; it contains grs. vij to the teaspoonful. Grs. xx to xxx of the extract may be given during the day, or three or four teaspoonfuls of one or the other of these preparations. The tincture of the flowers may also be given in doses of f℥ ss-j per diem, but this preparation is not very certain.

Caffeine is one of the best cardiac tonics, and in the last stages of a cardiac disease it is of more service than digitalis. Properly speaking, according to Tanret, there is neither an acetate,

a valerianate, a lactate, nor a citrate of caffeine. The bromhydrate and the hydrochlorate are unstable. Tanret has, therefore, proposed a perfectly stable compound of caffeine and salicylate or benzoate of soda; the first containing 45.8 per cent., the latter 61 per cent. of caffeine. They are perfectly soluble, have no local irritant action, and may be used hypodermically, or per os:

Benzoate of soda, gr. xliv$\frac{1}{2}$, or 2.95 parts by weight.
Caffeine, gr. xxxviiss, or 2.50 parts by weight.
Distilled water, f℥ ijss, or 6.00 parts by weight.

Each sixteen minims contain gr. iij$\frac{1}{2}$ of caffeine.

Salicylate of soda, ℈ij gr. iss, or 2.10 parts by weight.
Caffeine, ℥ j or 4.00 parts by weight.
Distilled water, f℥ ijss, or 6.00 parts by weight.

Make a cold solution: ♏xvj contain gr. vj of caffeine.

Caffeine should be given hypodermically only in exceptional cases, as when the patient cannot retain it when taken per os, or when it causes pain in the stomach. It is usually administered in the form of pills, granules, cachets, or in solution. A great advantage of caffeine is that its diuretic effects are seen even when the kidneys are altered, and it is in the last stage of heart disease that its effects seem to be best.—*Bull. Gén. de Thérap.*, August 15, 1884: *Amer. Jour. Med. Sciences.*

A PAROXYSM OF ASTHMA JUGULATED BY THE USE OF THE LILY OF THE VALLEY (CONVALLARIA MAJALIS.)—By DR. CAZENAULE DE LA ROCHE. Translation from the French by C. C. P. SILVA, M. D.—If there is a morbid entity capable of bringing despair to those who suffer from it, and disappointment to the practitioner, asthma is, undoubtedly, the one. I mean essential, idiopathic asthma, independent from emphysema or cardiac affection. In medical nosology, few diseases possess a pharmaceutic arsenal so complete and varied. The therapeutic wealth is regretable for it reveals, at the same time, the impotence of the means employed and the resistance of the malady. Aside from the indications, filled by the asthmatic medications (fumigations, inhalations or inspirations of the leaves of stramonium, belladonna, hyoscyamus, phelandrium aquaticum, arsenical or nitre cigarettes, vapors of ammonia, ether, chloroform, aqueous mixtures of creosote, carbolic acid, or finally air charged with carbonic acid), it rests to register besides the long series of internal medicaments: Iodide of pot., brom. of pot., arsenic, chloral, lobelia inflata, belladonna, opium, camphor, asafœtida, valerian, the hypodermic use of morphine, and finally the citrate of caffeine, so lauded by Thorowgood in hay asthma. To close the list, the use of the mineral water, Eaux-Bonnes, so extolled by Borden, who advised its daily use to the asthmatic.

Unfortunately, among so many therapeutic agents, at the command of medicine, not one is reported curative: they are all palliatives. In calling the attention of practitioners to this clinical fact, it is far from me to announce to them the discovery of an infallible remedy against this rebellious neurosis. A single case, however conclusive it may be, is insufficient to form a rule. My aim in giving this to the profession is to assign one more property, as novel as it is valuable, to convallaria majalis, thus completing the communication made, a few months since, to the Academie de Medécine by PROF. LEE, on the therapeutic effects and applications of this plant. The following is the report of the clinical case:

M. H. W., a Hollander by parentage, aged 26: an issue of consumptive parents; has suffered from asthma since youth. It is, doubtless, to this neurosis that he owes his exemption from the hereditary taint; he is regularly built and his chest offers the broad muscular development peculiar to certain asthmatics, besides he has an herpetic diathesis, which, we know, frequently coincides with the asthma. Percussion and auscultation of the chest reveal a normal vesicular murmur all over the chest and ample and free sound. The heart is also normal. It is consequently a case of idiopathic asthma.

The patient arrived at *Eaux Bonnes*, where he is an old *habitue*, on the 14th of August, 1884; five days after, a sudden and remarkable atmospheric change took place: the temperature lowered several degrees and the snow fell on the surrounding mountains. The patient was taken with a paroxysm of asthma which excelled in violence all the preceding attacks. Summoned to his side, I prescribed 25 drops of tinc. of the flowers of convallaria majalis to be taken in a potion every 15 minutes, in four doses. Under the influence of the medicament, the sibilant rales, perceptible at a distance, ceased almost instantaneously; with the orthopnea, the paroxysm subsided and terminated by a profuse diuresis, which, as a remarkable occurrence, replaced in this case the final expectoration of the previous attacks. One hour after the ingestion of the convallaria, the patient was up, breathing freely, and to the full capacity of his lungs.

My preference for the tinct. of the flowers of convallaria majalis, instead of that of the leaves and rhizoma, is based on its physiological actions: The flowers contain *convallamarine*, which, as demonstrated by the recent experiments of LANGLEBERT, possesses a cordial effect in a high degree, while the leaves and rhizoma, very rich in *convallarine*, act upon the organism both as a cardiac and a drastic, analogous to scammony.

Which was the *modus operandi* of the convallaria in the clinical case reported? Did it exercise a modifying influence upon the nerves of the 8th pair, or upon the vaso-motor action of the sympathetic? To answer these questions, it is necessary to have a correct idea of the true pathology of the asthma.

To-day, after the anatomical researches of REISSESSEN, subsequently confirmed by GRATISLET, and chiefly, after the clinical works published by our worthy teacher, PROF. TROUSSEAU, on the subject, it is beyond question that asthma is a neurosis of the respiratory apparatus, which is asserted by a spastic constriction of the muscular apparatus that underlies the mucous membrane of the air tubes. This muscular coat, in contracting, narrows the

diameter of the bronchi and in this wise hinders the free circulation of air in the pulmonary parenchyma. This theory once established, it is probable that, in asthma, convallaria majalis antagonizes the bronchial spasm through its antiseptic influence upon the nerve centres which preside over the respiratory movements, in the same manner that this agent acts as a sedative in dyspnœa, owing to a cardiac affection, by modifying the vaso-motor action of the cardiac plexus.—*The Western Medical Reporter*, Dec., 1884.

Oleate of Copper in Ringworm.—Sir: On December 4th, last, I read a paper before the Willan Society on the use of oleate of copper in ringworm. I was surprised to read a note in the Journal of December 13th by Dr. Liveing, saying that "the results of treatment in his hospital did not come up to his expectation." I have been using the drug for two years, and am so satisfied with the result that I recommend it to my colleagues, who also express their satisfaction on trying it. But there are oleates and oleates, and an impure oleate will irritate the skin. The oleate now made by a process of double decomposition is perfectly pure, and, in my opinion, a very reliable application in ringworm. I have never had complaints, either by hospital or private patients, from its use; and I have used it to some hundred.

With regard to washing the head in ringworm, I agree with other writers, that too frequent washings are not advisable, not for the reason stated, that they carry the spores about, but that any moisture is favorable to the growth of this phytiform parasite. I cannot agree with Dr. Liveing, for the same reason, that frequent washing of the head is a good preventive for ringworm. I should suggest that a little pure olive oil, occasionally rubbed into the roots of the hair, with the addition of a little thymol or eucalyptol is a better preventive. Hyposulphite of soda is a good application, and is one of the prescriptions of the Skin Hospital Pharmacopœia, published in 1841, for the cure of ringworm; but, in my opinion, it is not equal in value to a carefully prepared oleate of copper of ten-per-cent. strength.

Oleate of mercury is a drug that should be used with caution, as it is liable to produce constitutional effects; at least, several instances have come under my notice when this drug has been used, producing salivation. It seems to me much more care should be taken by parents, school masters and mistresses, in preventing this troublesome affection from being spread in the wholesale manner it now is, at schools and in families, by seeing that the heads of children are more frequently examined, and at once isolated and treated. All brushes, towels, etc., should be carefully disinfected, and used by the patient affected only.

I am, sir, your obedient servant,

James Startin,

House-Surgeon and Lecturer to St. John's Hospital for Skin Diseases.

17 Sackville Street.

—*Brit. Med. Jour.*, *Med. World*, Feb. 1885.

One of the Results of the Administration of Kairine.—A child of five years of age was being treated for malarial fever of the continued type; pulse ranging about 125, temperature 105 degrees F., and over. Five grains of kairine were given every two hours until 30 grains were taken. This was followed by a fall of temperature to 101 degrees F., but the urine passed was blue, continuing about twenty-four hours, and then gradually resuming the normal appearance; the reaction of the urine was acid, sp. g. 1,020, no albumen. The addition of nitric acid turned the blue color to a deep red. After standing forty-eight hours in a corked bottle the blue urine gradually assumed a normal appearance, the change commencing at the bottom of the bottle and gradually extending to the top.

The reduction of temperature was of short duration, very much shorter than I have been accustomed to see after the administration of kairine.

This result was so unexpected that I was anxious to assure myself that it was dependent upon the kairine as a cause, and as a test I repeated the kairine after a few days, and its administration was followed by a like result.

Although I have used kairine very extensively with patients of all ages, I have never in any other case observed results similar to those just described.

The facilities for chemical analysis at my command were much too meagre for me to attempt an investigation looking to the discovery of the nature of the substance which gave to the urine in question the abnormal appearance described. I must, therefore, content myself with recording the fact, in the hope that attention being directed to the urine changes resulting from the administration of kairine, others more favorably situated than myself may have an opportunity to thoroughly investigate the subject. I would suggest, however, that a clue to the solution of the problem may be found in the parallel action of carbolic acid.—Dr. R. J. Nunn, in *Atlanta Med. and Surg. Journal.*

On the Therapeutic Properties of Thyme.—Dr. Campardon has given in the Bulletin Général de Thérapeutique the result of his practical observations with this drug in some thirteen cases, with the following conclusions:

I. Internally as well as externally the essence of thyme is a powerful agent, producing certain phenomena in the healthy man which are always the same, but vary in degree, according to the dose and constitution of subjects, and which can be divided into three periods:

1st. The period of excitation.

2d. The period of super-excitation.

3d. The period of prostration, or collapse, followed by death.

II. The therapeutic doses are those which produce excitation (from 20 centigrammes to 1 gramme).

III. Applied to therapeutics, this drug which is a diffusible stimulant, on account of its exciting properties, should be used internally in chloro-anæmia accompanied by depression, in syncope, etc.

IV. Its diaphoretic and diuretic properties

render it useful in localized muscular rheumatism, in erratic rheumatism, in dermalgia, neuralgia, etc.

V. Its action on mucous membranes renders it of the greatest utility in the catarrhal stage of affections of the bronchi, the urethra, the vagina, and the bladder.

VI. It is a hæmostatic and acts promptly and energetically, particularly in passive hæmorrhages.

VII. Used externally with friction, baths, fumigations, and inhalations, it is a possible aid to its internal use in shortening the duration of diseased action and in assuring the result.

VIII. As an antizymotic, its power is equal to that of thymic acid; it is efficacious in counteracting the septicity of wounds, and causes a prompt disappearance of the fœtidity of secretions.—*Journal of the American Medical Association*, February 21, 1885.

KOLA.—After an exhaustive therapeutic and physiological study of the properties of kola, DR. MONNET reaches the following conclusions as to its nature and value in medicine:

1. Kola, on account of the caffeine and theobromine which it contains, is a tonic to the heart, quickening its beat, increasing its power, and steadying its contraction.

2. In the second phase of its action, like digitalis, it regulates the pulse; under its influence the pulsations become fuller and less frequent.

3. As a corollary to its action upon the blood pressure, there is increased diuresis, whence kola is usefully employed in affections of the heart complicated with cardiac dropsy.

4. Experiment seems to show that kola, which causes energetic contraction of the heart and increases the contractility of the muscles of organic life, on the contrary exercises a paralyzing effect upon striated muscles when employed in toxic doses.

5. It prevents tissue-waste, and diminishes the production of products resulting from the destruction of nitrogenous elements (urea), and probably exercises a special action upon the nervous system.

6. In virtue of the principles it contains, it is a powerful tonic, and its use is indicated in anæmia, in chronic debility, and in convalescence from serious diseases.

7. It favors digestion, either by augmenting the secretions of the stomach, or by its action upon the muscular coat of the stomach, which is rendered less atonic in certain forms of dyspepsia. Under its influence anorexia disappears, and the digestive functions are regulated.

8. Finally, it is a remedy which has given markedly beneficial results in chronic diarrhœa and in certain cases of sporadic cholera (HUCHARD, DURIAU), without its being possible to explain its action physiologically.—*Bulletin Général de Thérapeutique*, Jan. 15, 1885; *Medical News*, Feb. 21, 1885.

PASTEUR'S OPINION ON CHOLERA.—PASTEUR'S opinion on cholera in a letter to the *Figaro* (*St. Louis Medical and Surgical Journal*): "All prophylactic measures proposed by DR. KOCH in Marseilles and Toulon have been known ever since it had been demonstrated that cholera is principally transmitted by cholera dejections. DR. KOCH condemns street-sprinkling or the flow of waters in the gutters, for humidity is favorable to the propagation of the epidemic. This is not my view. In the dust of the streets, in chambers, or in dry dirty clothes there are choleraic microbes; if these microbes are dried to the loss of vitality, all subsequent wetting will not restore life. If, on the contrary, desiccation was such that humidity might favor the return to life, it is yet well that they be kept moist, as being less susceptible of being wafted by the wind in every direction. If they are left in the state of relative dryness, which has not killed them, the least breeze might bring them in contact with our mucous membrane, where they would find the humidity necessary for their existence. Who would be willing to sleep or to eat in a room where persons have died of cholera, and where soiled garments and bedclothes have been left in a desiccated state? DR. KOCH advised that dejection on the floor of a sick room should be wiped and rubbed with dry rags and burned. This is impracticable; furniture and floors cannot be thoroughly cleansed with dry cloths, still less dirty cloths. Burning up of the rags is objectionable, for tinders or imperfectly burned particles become detached and float about in the room. Plunging in boiling carbolized water is decidedly preferable. Vacating and airing a room six days is also insufficient."—*Gaillard's Med. Journal*, February, 1885.

HOW TO GIVE IODIDE OF POTASSIUM IN SYPHILIS OF THE NERVOUS SYSTEM.—This is a very important subject, because on faulty methods of administration many men have lost their faith in the efficacy of this valuable drug.

DR. WILLIAM A. HAMMOND, after stating that the drug must be given in large doses, thus concludes in the New England Medical Monthly, January, 1885:

"But there is a point connected with its administration that is, I think, equally as important, and that is, that the doses should be increased from day to day. Iodide of potassium is one of those remedies that are rapidly eliminated from the system, and which, therefore, are inert, or almost so, if the dose be maintained at a fixed quantity. It should, therefore, in order to secure its full effect, be given in what the late DR. E. H. CLARK, of Boston, called the 'continuing dose,' *i. e.*, in increasing doses. With large doses, I am satisfied that many cases of syphilis of the nervous system that are curable go unrelieved, and unless the doses are gradually increased, the stomach is not apt to bear them well. In the way that I have mentioned, and taking care to give it after meals and in a large quantity of water, a dose of two hundred grains will be as well borne by the stomach and the system generally, as one of five grains. Large doses should not be gulped down at a single draught. A dose of from fifty to two hundred grains should be taken in from half a pint to a pint or more of water, and the patient should take it by sips during fifteen minutes or half an hour. In this way I am satisfied its action is increased and the liability to derange the stomach reduced to a minimum."—*Med. and Surg. Reporter*, Feb. 7, 1885.

VINEGAR IN DIARRHŒA AND DYSENTERY.—Premising that DR. JOHN J. BRINTON used to recommend, 15 years ago, injections of cider vinegar in gleet, we note the following practical contribution from DR. AMOS SAWYER to the St. Louis Medical and Surgical Journal, January, 1885:

"About a quarter of a century ago, when giving me some good advice for a young practitioner to follow, the late DR. B. F. EDWARDS, of St. Louis, Mo., whose accuracy in the measurement of the action of remedies, truth in statement, and justice towards the members of the profession, made him a shining light in the early history of our State, among other things, said: 'Never make fun of an old woman's remedy, for not only will you give offence and thereby injure your practice to the extent of her influence, but you may throw away what would have proved upon trial to be a valuable adjunct in your practice.' He then cited this case to illustrate the importance of his injunction: 'In 1830, while practicing in Madison County, Ill., I was induced by the representations of *an old woman* to make the trial, in dysentery and diarrhœa, of tablespoonful-doses *pure cider vinegar*, with the addition of sufficient salt to be noticeable, and it acted so charmingly that I have never used anything else.' He was prescribing it in 1870, making a period of 40 years."—*Medical and Surgical Reporter*, March 7, 1885.

ERYTHROXYLON COCA IN DISEASES OF THE SKIN.—DR. JOHN V. SHOEMAKER, at a recent lecture, delivered at the Philadelphia hospital for skin diseases, spoke of the treatment of certain cutaneous affections by the topical application of the fluid extract and extract of erythroxylon coca. The hospital record shows that both preparations had been successfully used, for the past two years, in cases of eczema, dermatitis, herpes, herpes zoster, rosacea, urticaria, and paræsthesia. A case of acute eczema of the ear and neck was shown which was improving on the local application of one ounce fluid extract of erythroxylon coca to three ounces of water. It was ordered in the same way in a case of dermatitis of both arms. In rosacea of the first stage, in which the nose and cheeks were involved, three drachms of the extract of erythroxylon coca was prescribed to one ounce of lard. It was also applied in a case of perverted sensibility of great irritation of the integument of the lower limbs in an old patient brought before the class. The lecturer stated that the fluid extract and extract of erythroxylon coca, which he had employed now for more than two years, had a most decided sedative action upon irritable conditions of the integument, used either alone or combined with other suitable remedies which may be indicated.—*Med. Bulletin*, Dec., 1884.

ANOTHER LOCAL USE FOR GRINDELIA ROBUSTA.—As the majority of our readers know, we have referred to the use of grindelia a number of times as a valuable application in rhus tox. poisoning, in the proportion of one drachm of the fluid extract to eight ounces of water, to be applied freely and often to the affected surface.

DR. GATCHELL, in the New York Medical Times, commends the same agent highly as a topical application in the treatment of stings and bites of insects.

He says: "For some years I have given to patients bound for countries infested with insect pests, a lotion of grindelia robusta, and upon their return they would invariably report that it was all that could be desired as an application to stop the itching, and promote the healing of the mosquito or flea-bite. One lady told me that while in Florida her children would come to the house in the evening completely 'frescoed' with insect stings, which would nearly drive them crazy,' but that after bathing them and applying the lotion, they would quickly drop into a peaceful sleep, to awake in the morning free from any pain or itching, till they had encountered the pests that day; when the same process would be gone through with in the evening."

ERYTHROXYLON COCA AS AN ANÆSTHETIC.—In the Medical News, Nov. 29, 1884, DR. L. LEWIS, of Philadelphia, says: In March, 1876, I drew attention, in the London Lancet, to the anæsthetic action of coca on the throat and larynx, when used in the form of an inhalation, and mentioned cases in which the smoking of coca leaves, mixed with tobacco, had a decided sedative effect on bronchial spasm, idiopathic asthma, chronic irritating cough, etc. Since then I have many times recommended its admixture with tobacco to sufferers from the above complaints, with success; and, indeed, know asthmatic patients who habitually use it to ward off or relieve attacks. I also mentioned in my original communication that coca dilated the pupil.

I here refer to these observations of mine, made in 1876, as coca is again engaging the attention of the medical world as an anæsthetic for the eye and throat.

AGARICINE IN THE NIGHT-SWEATS OF PHTHISIS.—M. SEIFERT has found agaricine to be useful in controlling the night-sweats of phthisis. He employs it as follows:

Agaricine	gr.	$\frac{1}{12}$
Dover's powder	gr.	100
Mucilage	gr.	60

Divided into 100 pills.

In almost every instance the effect is manifested after the administration of one pill, and two pills never fail to exert a beneficial influence. M. SEIFERT also alternates agaricine and atropine with good results.—*Journal de Medécine de Paris*, Feb. 7; *Medical News*, Mar. 14, 1885.

The Medical Age.

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Original Articles.

LECTURES ON PHTHISIS PULMONALIS.

BY E. L. SHURLY, M. D.,*

LECTURE VI.

HÆMOPTYSIS.

This troublesome symptom is generally quite manageable when the loss of blood is not due to the opening of a large vessel or a number of small ones simultaneously. The first thing to overcome is the condition of fright which the appearance of blood entails upon the patient. By every means of moral suasion in our power the mental apprehension of the patient is to be overcome, even to the use of positive prevarication. Because any undue nervous excitement, as you know, on general principles is sure to keep up an irritability of the heart's action and consequently a more unfavorable prospect for the plugging of the opened vessels. Perhaps the sovereign remedy for the relief of this symptom is *ergot*, which, as you know, has a selective action on the non-striated muscular fibre of the blood-vessels, causing contraction. If the hæmoptysis be alarming, it is better to use a hypodermic injection of either the aqueous extract, or a few drops of a good fluid extract, at once. This may be repeated in an hour if necessary, or without such repetition the administration of the drug may be continued by the mouth, using a good fluid extract in the dose of from twenty to thirty drops every two, three or four hours for a few doses, continuing the effect for two or three days by a limited dosage. Whenever this symptom occurs in combination with exacerbation of fever or any malarial affection, *quinine* should be combined with it. I have sometimes found oil of turpentine (ol. terebinth.) more effectual when given in large doses. This, by its excito-motor action, produces the same effect on the capillaries. We may use twenty drops (either in the form of pearls or capsules, or made into a sort of emulsion with gum acacia or milk), every hour or two hours until a drachm has been administered, when of course it should be stopped for a time, lest strangury or too great excitation of the nervous system take place. Mineral and vegetable astringents have been used, and are oftentimes useful. Gallic acid is to be preferred to tannic acid on account of its greater diffusibility in the blood. It may be administered in doses of three to five grains until ten or fifteen doses have been taken. Among the mineral astringents acetate of lead combined with opium has long been in use, and, in cases where there is marked cardiac excitability, it appears to be an efficient remedy. It may be given in doses of two grains of the former and one-half grain of the latter every three or four hours for a period of a day or two, care being taken to avoid too great saturation of the system with the lead. Opiates are generally admissible in all cases where there is no contra-indicating idiosyncrasy. Another of the mineral astringents often quite useful, is perchloride or persulphate of iron. Some competent observers have questioned the advisability of using this drug on such occasions, in the belief that no effect save a local one on the stomach and intestines, is probable. I think this an erroneous observation, inasmuch as I believe I have known of cases where the general styptic effect has been extended to all the tissues throughout the economy.

Besides these medicinal agents the patient should be furnished with only cold food and cool or cold air to breathe, for a period of three or four days or possibly a week. All inhalations, except, perhaps, some astringent spray, like tannic acid, or cold water, are inadmissible. Absolute rest of the body should be enjoined by ordering the patient to bed to retain the recumbent position. The temperature of the room should be kept low, so low sometimes in the winter season that the attendants will have to dress as they would for out-of-doors. In extreme cases, ice may be applied over the sternum and kept on for a considerable time, while the patient keeps little pieces in the mouth. Before the application of the ice no danger of congestion will arise if you take the precaution of applying warm water first, then in four or five minutes water a little cooler, and so on, gradually coming to ice, taking at least an hour or more for the changes of the temperature of the applications.

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DIARRHŒA.

This symptom may arise from intestinal indigestion, the swallowing of a large quantity of sputum, nervous perturbation, or deposit of tubercle either in the peritoneum or intestinal mucous membrane. In either case it should receive prompt attention, because its continuance would very soon sap the vital powers. When arising from improper digestion, or the swallowing of sputum, it is rarely accompanied by much tenderness on pressure over the abdomen, and the tongue is usually very heavily coated with a whitish, or slaty-whitish fur. When arising from disturbance of the nervous system, or deposit of tubercle, the tongue is usually red, and may be glazed. In the latter case, the tenderness over the abdomen is well marked, while the abdominal muscles are usually in a state of constant contraction.

The treatment consists essentially in artificially digesting the food in order to relieve the organs, and introduce the nourishment in a condition for ready absorption; and also the control of the peristaltic action and alimentary secretions, by the administration of sedatives and astringents, such as opium, tannin, etc. For the furtherance of the first object of treatment, you will, perhaps, find nothing better than the administration of pancreatin combined with soda, or in the form of pancreatic emulsion; such as that manufactured by SAVORY & MOORE, of London. Either of these should be administered half-an-hour to an hour after partaking of food. Sometimes it is necessary to add pepsin in order to assist the stomach digestion, in which case the pepsin may be administered just at the time of eating; but pepsin is generally more efficient when administered in combination with hydrochloric acid. If, however, this plan should be interfered with by prolonged fits of coughing, it will be necessary to administer an anodyne about 20 minutes or so before eating. The anodyne may be codeia, tincture of opium, dogwood, (*piscidia erythrina*) or paregoric. The food should be of a digestible character, such as animal food, but if the appetite leads to the selection of vegetable food in preference, it may be allowed, and a tablespoonful of extract of malt may be administered just afterwards. The quantity of food is also to be regulated; for it often happens that patients, in their great eagerness to keep up their strength, will, by force of will, consume a much greater quantity of food than their feeble digestive powers will take care of; hence the necessity of limiting the food. In some cases, as already mentioned, it is sometimes necessary to put the patient on a low diet for a few days, all prejudices to the contrary notwithstanding. If the diarrhœa is a result of irascibility of temper, or nervous excitement brought on by inopportune events, as may frequently happen, a dose or two of some nervous sedative will be necessary. When these means fail of controlling the action of the bowels, we must then resort to a more active medication for the purpose. The sub-nitrate or subcarbonate of bismuth, in doses of 5 to 20 grains, either administered alone or with small doses of opium, is of great service, especially in the earlier stages. Tincture of kino, catechu, or, better still, tannic acid, in doses of from 2 to 10 grains, administered in solution of water, or glycerin, or brandy, may be given until the bowels are under control. These remedies will not interfere with the use of pancreatin, or pepsin, or extract of malt. If there be with the dejections more or less blood and mucus, the administration of an emulsion of ol. terebinth, ten or fifteen minims in an emulsion of acacia, or white of egg, or emulsion of sweet oil, will be indicated. In the early stages of phthisis, accompanied by an erratic diarrhœa, of one or two days of constipation and then one or two days of diarrhœa, the administration of *salicin*, in five- to ten-grain doses three times daily, will prove of great value. When there is an unusual amount of fermentation, much benefit will arise from the administration of carbolic acid or chloride of calcium. When the diarrhœa is excessive, and we have reason to believe that structural changes are taking place in the intestinal tract, these mild measures will probably afford little if any relief, and we must resort to the administration of such agents as sulphate of copper, nitrate of silver, or persulphate of iron. Of the former you may use half a grain to a grain combined with half a grain of opium three or four times a day, and of the silver one-fourth of a grain combined with half to one grain of opium three or four times a day, and of the iron from ten to fifteen or twenty drops frequently in water. In addition to this, counter-irritation in the form of sinapisms or blisters may be needed. Absolute rest in a recumbent position must be enjoined.

STOMATITIS.

This obstinate and painful complication—which may be owing to a buccal tuberculosis, but which is generally ordinary stomatitis ulcerosa, is quite difficult of treatment. The local applications which have proved most beneficial in my hands are, bismuth subcarb. bol., armenium, and borax, as dry applications, and sprays of perox. of hydrogen (diluted one-half or one-third), or sprays of solution of tr. iodine. I have used in one instance, the juice of a South American plant, the *largua*, (which was given to me by MR. FRED. STEARNS, of this city), with decided benefit.

DROPSY.

Dropsical effusions, either as a local œdema or anasarca, frequently put in an appearance during the latter stages of phthisis. They are generally due to the progressive and inevitable failure of the circulatory powers, and, I am sorry to say, there is very little that we can do for relief. Should the œdema of the lower extremities threaten destructive ulceration of the skin, it is best to scarify over the malcoli, and thus allow the fluid to ooze out. For the relief of dyspnœa (from effusion in lungs), it may be necessary to administer diuretics or even a hydrogogue cathartic if admissible.

LOCAL TREATMENT.

As before stated, the local treatment may be divided into local *external*—including surgical—and local *internal*. By EXTERNAL local treatment we mean the application of all agents which produce counter-irritation or vesication of the skin, together with all forms of plasters and rubefacients. This plan of treatment is very frequently adopted, and is a very common means of domestic practice. In the early stage of the disease when the pain about the chest, although not very acute, is continual and distressing, the application of turpentine, croton-oil, or other stimulating liniments, painting with tincture of iodine, mustard, belladonna or pitch plasters are often quite efficient; especially are simple counter-irritation and afterwards simple plasters serviceable when a little local pleuritis supervenes, as the latter, by a sort of compression, to a certain extent, limits the respiratory movement.

In the use of belladonna plasters care must be exercised against covering too great an extent, or retaining them for too long a time, inasmuch as there is danger of belladonna poisoning through the absorption of the drug by the skin. It is sometimes necessary, in cases of great local pain, or where the disease seems to be very thoroughly localized, to apply blisters which should be small (varying from half an inch to about three inches square). These should be applied successively. I much prefer this plan to a more general application of croton-oil. However, the croton-oil is admissible where it is desirable to have a larger surface of the counter-irritation. The use of *red-hot iron* as an escharotic to the skin has been practiced, more or less, as a means of counter-irritation in this disease. Indeed, in an early stage, where we have reason to believe the disease process is going on very near the surface, it is certainly efficient. I have tried this but three times, and in each instance the effect was gratifying, by inducing a lull in the disease process. A common tinker's iron is the best means of doing this. The patient should be partially anæsthetized, and a few lines made in the direction of the ribs and crosswise with the hot iron; the abrasions to be dressed by poultices or other emollient dressing. The good effects are due, in my opinion, not so much to the counter-irritation as to the derivative effect of suppuration and granulation—an idea, I believe, first put forth by DR. CHAMBERS.

SURGICAL TREATMENT OF PULMONARY CAVITIES.

It has from time to time been proposed, in cases of phthisis with localized cavities lined by pyogenic membrane (being to all intents a chronic abscess), to open into them and by direct treatment, if possible, secure their closure by destruction of the lining membrane. Two or three times a bolder procedure than this has been proposed, viz: That of excising a portion of the diseased lung. This latter proposition, so far as I am aware, is a modern one, and is, undoubtedly, the result of the modern success which has attended abdominal surgery in different parts of the world, but is regarded as entirely impracticable, because, from the nature of the parts, there is no theoretical probability of success following such an operation, however brilliantly it may be performed. With regard to the former mode of local treatment which has been practiced and so ably advocated by DRS. PEPPER and BEVERLY ROBINSON, while the success which has attended the efforts already made, is certainly fair in well-selected cases, and has seemed promising enough to warrant further attempts, it is, nevertheless, too *dangerous* a procedure to warrant general adoption; but if a case of phthisis be localized and the disease has, so to speak, run its course and left as a consequence a cavity which is thoroughly immured by adventitious tissue, the constitutional symptoms having thoroughly subsided, the perfect recovery of the patient may be secured by such surgical means if necessary. Therefore, in such cases, there can be no great objection to opening the cavity provided an exact diagnosis and the exact situation of the cavity have been previously made out and mapped out in the mind of the operator: With a bistoury an incision is made through the skin, of about half an inch or so in length at the most favorable point determined upon, and with a galvano- or thermo-cautery instrument, this opening is extended down to the pulmonary cavity beneath. The object of using the galvano- or thermo-cautery is to prevent hemorrhage, by thorough sealing of the blood-vessels. After the incision has been made, a drainage tube is to be inserted, and the cavity treated very carefully by syringing at first with a warm solution of carbolic acid, or salt and water introduced in small quantity, and the effect as to

irritation, both local and constitutional, noted. Thence on, from time to time, other detergent, astringent or stimulant solutions may be introduced, care being taken to feel the way, until finally a solution of iodine or permanganate of potassium, or even a solution of chloride of zinc, may be used—agents known to bring about destructive inflammation, etc., of pyogenic membrane. In the meantime the general treatment of the patient should be assiduously looked after, and constitutional remedies which have been hitherto used continued, while a watchful eye is to be kept on any signs of hyperpyrexia. I have already spoken, under the head of complications, concerning the conditions, in connection with phthisis pulmonalis, of empyæmia, etc., and the proper time for surgical interference in such cases.

INTERNAL LOCAL TREATMENT.

The internal local treatment embraces the use of *medicated*, *compressed* and *rarefied air*, *medicinal vapors* and *gases*, introduced directly into the respiratory tract. For a great many years back these methods of local medication, to a greater or less extent, have found favor with the profession and the laity. While a great deal of good may have been done in prosecuting this plan of treatment in conjunction with other means mentioned, we must not lose sight of the fact, as I shall have occasion to tell you further on, that much harm has been done by their indiscriminate adoption. The use of rarefied and compressed air is very beneficial in the earlier stages of phthisis, when collapse and emphysema are present; also in those cases in which the tissues are infiltrated, as in some forms of peri-bronchitis or ordinary bronchitis. In such cases it is obvious that the inhalation of compressed air swells out the compressed lobules, and by this mechanical pressure not only saves to the individual so much of the pulmonary surface, but stimulates healthy morphological processes in the parts. Rarefied air is more especially beneficial in cases accompanied by vesicular emphysema (although also useful in collapse) by relieving small tubes from plugs, on the principle of suction, etc. Many practitioners prefer to use first the compressed air, then rarefied air, in the same subject at the same sitting. Beyond the early stages, or in conditions of general miliary deposit, or where the inflammatory processes are active, this sort of exercise is pernicious in many instances by inducing congestion. Nature has supplied in the mountainous districts the proper conditions for this sort of treatment; but I think it may be carried out artificially, on an inexpensive plan, by having two tin vessels made in the shape of small gasometers, after the plan of the late DR. F. DAVIS—the one turned, as it were, mouth downwards into the larger one, which shall be half-filled with water. The top of the inner one is now loaded down with the required weights, the stop-cock connected with the hose for inhalation, opened, and the water rising into the space of the inner vessel compresses the air and forces it out. I show you here one of these simple apparatuses, modeled, as I have said, after the device of DR. DAVIS. It answers the purpose admirably. There are in the market many expensive and complicated apparatuses for the accomplishment of this object, among the best of which is that of WALDENBURG. We may often succeed in expanding the pulmonary lobules by utilizing the muscular apparatus concerned in respiration, or by means of a *spirometer*. The spirometer which I show you here is called BARNES' dry spirometer, and there are several kinds in the market. It consists of a membranous bag inside of this tin can, which is hermetically sealed. By blowing through the hose, the scale marked as cubic inches is forced up, and is supposed to mark the number of cubic inches of air expired. By frequent exercise of this sort the patient is made to perform involuntarily, a certain amount of forced expiration; all of which has a tendency to expand thoroughly the semi-collapsed portion of the lung, and quicken also the pulmonary circulation. This instrument is really more valuable for this purpose than as an accurate guide to the pulmonary capacity of the individual. The inhalation of certain gases, such as *oxygen* and *nitrogen*, have been in use for a long time. They are not very popular, however, for general use, excepting with the quacks, because they have probably been too indiscriminately adopted. With regard to oxygen, aside from the mechanical effects which may be derived from common air as before stated, the dynamic or chemical effect is altogether too evanescent, according to my experience, to amount to anything like certain benefit, unless used very frequently. While in cases with considerable inflammatory excitement, this agent seems to be more of an ally to the morbid process than a hindrance. In a few cases, however, it may prove useful. With regard to the inhalation of *nitrogen* gas, which was brought out in 1879 by DR. TREUTLER, of Dresden, I have no very favorable report to make, I am sorry to say. He was very enthusiastic in its use, and from his report it did seem as though this was one of the greatest therapeutic discoveries of the age. However, my luck was not as good as that of DR. TREUTLER, whether from defective apparatus or want of persistency, I cannot say. Out of about sixty cases of phthisis, one of which belonged to the class known as acute tuberculosis, I failed to get any material benefit aside from the mechanical exercise of the respiratory apparatus which this forced respira-

tion involved. I ought to say, however, in extenuation, that my facilities for using the gas were not at all equal to those of DR. TREUTLER, because he kept his patients in an institution or place under his immediate observation all the time. Nevertheless, as I did not see benefit enough accruing from this system of treatment, I did not deem it worth the while and expense to prepare any special place in which to treat patients in this manner. The *vapors* which have been and are introduced through respiration in the treatment of this affection, may be considered under two heads as *sprays*, and as *medicated hot-water and steam applications*. Some twenty years ago nothing was more popular than the local treatment by sprays, and even now, at the watering places in Germany, this line of treatment is very generally adopted. The spray may be cold or hot. You will remember, that, when speaking to you on the subject of inhalation in general, I brought before you the evidence, pro and con, relative to the effects of sprays on the respiratory tract. Therefore that need not detain us here. Suffice it to say, that any medicament capable of solution may be used in this manner. Phthisical patients, however, do not bear the inhalation of strong sprays, whether hot or cold, very well. Cold sprays may be used by having the patient inhale in a room which is constantly filled with the vapor from the spray apparatus, or it may be inhaled directly by means of the ordinary hand or steam spray producer, such as I have already shown to you. In either case, in order to carry the vapor well down, a persistent inspiratory effort is necessary, because, as already shown, it is prone to condense in the buccal cavity, in the pharynx, and so on. I think, generally speaking, that this form of application is more beneficial in the form known as *laryngeal phthisis* than in any other. Among the articles most beneficial, are sprays of saline substances, such as common salt, potassium chlorate, sodium phosphate, sodium benzoate, and sodium borate, in the proportion of two to ten grains to the ounce, or, as is done in Germany, the use of natural mineral waters. When the cough is quite dry and hacking, with very little expectoration, I have found no spray better than *petrolina oil*, which is prepared from *petroleum*. This is entirely free from irritating properties, and can be inhaled at frequent intervals by most patients, while we can also combine it with certain balsamic oleaginous preparations, according to circumstances either *balsam Peru*, *benzoin*, *oil of tar*, or *oil of eucalyptus*, oleates, cocaine, succus conii, etc. Anodynes may also be incorporated with these sprays with great benefit in the form of oleates, as morphine, etc. Although I have sometimes used tincture of opium, it does not make as good a mixture as the oleate of morphia. Recently (1884), Dr. Semple (a dentist, I believe, in Ohio) has devised a spray apparatus for the use of oils and balsams, which I here show you. This is a valuable instrument when balsamic sprays are indicated. It is only of use to produce sprays from oleaginous or balsamic agents, inasmuch as aqueous solutions will condense on the sides of the glass jar. In laryngeal phthisis benefit will be derived from solutions of the fluid extract of hydrastis, conium, arbor vitæ, tannic acid, borax, alum, ferric-alum, sulphate of zinc, or naphthalin, carbolic acid and cocaine. Formulæ for these I give you on the board. The steam apparatus is to be preferred in many cases to the hand-ball apparatus, inasmuch as we have a fuller volume of vapor for the patient to inhale, while no muscular effort of the hand is required for its production. Besides that, there is a little more warmth (although not much ordinarily), if the patient encloses the distal end of the shield in his mouth. In some of the European apparatuses the spray is directly warmed by an additional flame at its point of exit from the mouth of the tube. This additional paraphernalia, however, I regard as superfluous. Practically, so far as the temperature is concerned, there is very little difference between the two kinds. Some practitioners are very outspoken in their disfavor of all sprays in cases of phthisis pulmonalis, regarding such as mischievous. While I cannot take such a radical view as this, I believe that, with the exception of petrolina oil and balsamic sprays, very little good is to be derived from this species of inhalation in nearly all cases of phthisis, excepting, as mentioned before, in laryngeal phthisis. In *this* form I think that, together with insufflation of certain powders, the spray is the most consistent plan of treatment to adopt.

MEDICATED AIR.

The air to be respired may be medicated in various ways. One way is by the combustion of certain things in a confined atmosphere, in which the patient is placed; and another is the diffusion of agents by constant ebullition in a confined atmosphere in which the patient is placed, as in a small room. Still another method is the incorporation of the agent with hot water, through which, by the process of inhalation, the common atmosphere on its way to the lungs is made to pass through. Still another method is what is called *dry inhalation*, consisting of the medication of the air in an inhaling apparatus, through which the inspired air must go, by placing the agent on a sponge or other inhaler, in close contact with the mouth and nose, for a considerable time, or vaporizing the agent by means of heat in an inhaler. Now each of these different methods and ways has its advantages and disadvantages. The formulæ for the use of dry inhala

tions I give you on the board. I will now speak in a general way of each plan and the indications for its use. There are a great many inhaling apparatuses for conveying medicated air to the pulmonary structures, and they are all made pretty much on the same principle. I show you one here, a cheap tin apparatus (which I have had made), that costs about a dollar. In this can a pint of hot water is placed, and the medicament is thrown into it; the cover is now put on, and this hose with the thin mouthpiece leads to the mouth. You see at once that by respiratory efforts the air is drawn through these holes, passes down the outside of the cylinder and up through its inside to the opening at the top, connected with the hose conducting to the mouth, so that what air is respired passes through a hot medicated solution. In this way may be vaporized and carried into the respiratory tract any volatilizable substance, such as oil of tar, any of the essential oils or balsams, tincture of iodine, ammonia, chloroform, ether, carbolic acid, creosote, etc. As you will observe, it requires a little muscular effort on the part of the patient to draw the air through. This is a favorite plan of treatment with many practitioners, and with some has superseded all other local measures. It is, however, sometimes impracticable, producing acceleration of the heart's action, increase of bodily temperature, and local irritation in the throat and trachea. It also sometimes produces cough and hemorrhage. It can only be used from five to ten minutes at a time, and the medicinal effects of the act are soon lost unless frequently repeated. On this account many prefer what is called the dry inhalation, by which balsamic preparations are vaporized by the heat of a lamp, as already mentioned. I show you here an example of one of these—a little tin can containing a cup, or rather a metallic saucer, in which is placed the balsam. Heat is now applied to the under surface, and vapor emitted into the cavity of the apparatus, and subsequently drawn directly out, together with a certain amount of atmospheric air, by the respiring patient. The air and vapor are very stimulating indeed, and some patients cannot inhale it very long at a time. The stimulating effects can be very greatly modified by the addition of a little olive oil, or some other bland agent. This mode is highly useful in checking excessive expectoration. A still more practicable way, and one that serves better with those who are unable to buy such inhaling apparatus, is the use of a common sponge hollowed out and thinned, as I here show you, so as not to obstruct the ingress of air too much. A few drops of the preparation to be inhaled (for instance, tincture of iodine, benzoin, ammonia, or oil of tar) is placed upon the sponge, and (by means of the hand or a little string going around the patient's head and tied at the back) is held at the nose and month for perhaps ten or fifteen minutes, or a half an hour. All the air inspired by the patient is supposed to pass through the sponge and take up a certain amount of this vapor as it is slowly evolved. In this way the patient may inhale, so to speak, for a long time and quite continuously, but unless the substance be quite volatile, it is really difficult to introduce any great amount of medication this way; a cornucopia with some porous substance in its apex may be substituted if desired. However, it is very useful in a certain class of cases, as I shall point out to you presently. By far the best method of inhalation, if it could be carried out systematically and properly, is one by which the whole daily amount of air respired by the patient could be tinctured with the desired medicament. This can only be done by confinement of the patient to a room or cabinet, the air of which is constantly kept medicated. This, of course, is the only perfect method, but is difficult of achievement. An additional advantage over the other artificial means of inhalation just given, is, that no muscular exercise is required, while the patient receives a continuous dosage, so to speak, by sitting quietly and constantly breathing the medicament. It has been found by experiment that even in this way a room has to be tolerably close in order to keep the atmosphere medicated with any substance continually; so patent is the law of the diffusion of gases, that fresh air is constantly diluting the medicated air. We cannot hope to carry this plan out as it ought to be, until we have erected in communities certain institutions for the purpose —*pulmonary hospitals* whereby the existing forces of nature may be made use of. This, of course, will be something in the future, because those patients who have enough of this world's chattels generally go to such places as nature has medicated to suit them, while those who are not able—poor, helpless wretches—have nothing to contribute towards such a desideratum, and no means to pay for the receipt of such treatment.

The insufflation of powders is sometimes used in cases of phthisis, but I think the effect is highly pernicious in the majority of cases of ordinary phthisis. It takes a long time for the powder, should it remain in contact with the mucous membrane, to be dissolved, and before this happens, if there should be any degree of sensitiveness, it is expelled by the fits of coughing which it provokes. In the condition of *laryngeal phthisis*, however, the use of the spray and powders alternately, or in conjunction, seems to be absolutely necessary. For instance, in cases of laryngeal phthisis, after the mucous

membrane has broken down, giving rise to ulceration, nothing will afford such prompt and grateful relief as insufflation of a powder composed of *iodoform* and *morphia*. This should be thrown on the parts, after having been previously cleansed by a spray of borax or something like that. But in cases of phthisis without any special laryngeal complications, I have found little benefit from the insufflation of powders.* Now, having arrayed these internal local measures of treatment, you will very naturally ask me in what sort of cases is it advisable that this or that thing or this or that form of medication should be used. I must say to you at the outset, it is very difficult to lay down any general rules which will be at all reliable in following out the detail of these therapeutic indications. I hope, however, to be able in the remarks I am about to make, to throw out to you certain general guides which will prevent the abuse of any of these forms of local medication. In the first place, a patient who has just suffered from hæmoptysis, or who has a prospect of being a subject of hæmoptysis, or who has very well-marked constitutional disturbances in the early stages of phthisis of any form, should not be made to use any form of inhalation unless it be one which medicates the air which he ordinarily breathes in the room, or something which may be kept to the nose and mouth. In other words, no form of inhalation should be suggested which will in any way cause an increase of respiratory effort. And no medicament ought to be used which produces irritation of the respiratory tract. This may be regarded as an axiom, for otherwise you may do more *harm* in one or two days than you may be able to *right* in weeks or months, and it is a matter which appeals to your own common sense. To do so would be acting on the principle of moving a broken arm, instead of keeping it at rest, or causing a man with enteritis to walk so many miles a day. In cases of ordinary typical phthisis, where the breaking down or ulcerative process is pretty well started, great benefit may be derived from inhalation of medicated air, where it is possible for the patient to *get used* to it, that is in cases where it does not produce incessant cough. These patients should be taught to inspire through the mouth and expire through the nose. After this has been accomplished, they will have very little difficulty in taking an inhalation from the hot-water inhaler, or medicated air, perhaps once in three or four hours. There are various substances which may be used to advantage. For instance, carbolic acid and iodine, balsam Peru and balsam tolu, eucalyptus, fluid extract buchu, fluid extract yerba santa, with tincture of opium, Fluid extract conium with tincture of opium, compound tincture of benzoin, and other formulæ which I have already given you, are applicable in such cases. If the expectoration be very great and the febrile phenomena not very strong, a dry inhalation will serve better, and the apparatus I have shown you, or an inhalation several times through a sponge, the tin inhaler, or other device of that sort, may be used. In this case you will find great benefit from the use of oil of tar, oil of Scotch fir, spirits of camphor, tincture of benzoin comp., with oil of rosemary, etc. This can be used many times a day, up to a point of fatigue. The patient, however, should always be instructed to stop the inhalation as soon as he feels fatigue, or the moment he begins to perspire freely. In cases of patients who are walking about, they should be also instructed not to go out of doors for half an hour after taking inhalations. Besides the use of these inhalers, it will be of advantage for you to medicate the room which the patient occupies at night. This can be done by burning a little oil of tar or turpentine just as the patient retires at night. If the patient be in the room, a little tincture of iodine and oil of rosemary can be placed on the stove in a small dish of water. In either instance, when, if disagreeable to a patient, constant evolutions of iodine cannot be kept up, either from some heated surface, or some fluid which shall be largely charged with iodine. All dry inhalations certainly favor the suppression of the bronchial secretion. *That there is no doubt of.* In all cases where there is considerable cough or irritation, whether there be very much expectoration or not, especially where the expectoration is tough and numular, you will find no medication equal to the inhalation of balsamic sprays, either from the steam atomizer, or from the inhaling apparatus of SEMPLE, which I have shown you. These sprays may be inhaled with little effort, and a certain amount will condense, of course, in the air passages, which it serves to lubricate; besides that, a certain amount will find its way into the trachea and bronchial tubes. These sprays can also be medicated by a little iodoform and carbolic acid when desired. They almost never fail to give relief. If the cough be incessant, the addition of oleate of morphia will give great relief, or the use of yerba santa with oleate of morphia or chloroform will be of use according to the amount of cough, etc.

In the later stages of phthisis where the patient is annoyed with incessant coughing which interferes with sleep, causing irascibility, and making a pandemonium of the household in which he is situated, there should be early resort to ether and chloroform inhalations. A very good plan is to have the patient take an

*The simple feeding apparatus of Dr. D. B. Delavan is quite useful in this condition for introducing food and medicine.

inhalation of a few drops of chloroform from the hot-water inhaler before going to bed. If this does not suffice, you may use it combined with tincture of benzoin on a sponge or in tin apparatus, and he may inhale it from time to time during the night. This may be combined with aqua ammonia, or with compound tincture of benzoin or other agent. A mixture of chloroform with petrolina is sometimes very valuable, used in the SEMPLE inhaler. Indeed, this is strong enough when used in this inhaler to produce full anæsthesia, and must be used with great caution. I much prefer *ether* to chloroform in all cases where not contraindicated, but the chloroform is not objectionable if due caution is taken in its use. DR. YEO lays great stress on the use of carbolic acid. The formula is among other things which I have given you.

In conclusion, gentlemen, let me urge you to lose no interest in the subject under consideration, but study each case which may fall into your hands, and strive by philosophical consideration—instead of methods of empiricism—as much as possible, to shape your plans of treatment.

IS THE ILEO-CÆCAL VALVE PERMEABLE FROM BELOW?

BY CHARLES WEIL, M. D., BUFFALO, N. Y.

In a brief communication to the AGE of the 10th inst., p. 106, PROFESSOR CHARLES H. STOWELL, of Ann Arbor, refers to a discussion which he had some years ago concerning the question, "What is the limit to rectal injections?" He informs us that he "held very positively to the opinion that, in the normal condition, a liquid forced into the rectum could not pass the ileo-cæcal valve;" and amid great rejoicing he calls attention to some experiments of DR. W. W. DAWSON, of Cincinnati, as detailed in a lecture, which experiments he regards as corroborative evidence in proof of his opinion; for, with unabated joy and gladness, he concludes his communication thus, viz: "So you see, I still hold the belief that in the normal condition, and as an almost invariable rule, rectal injections of foods are *not* carried past the ileo-cæcal valve *and into the stomach, for digestion.*" (The *italics* are the writer's.—C. W.)

This, then, is PROFESSOR STOWELL'S conclusion, stated in his own words.

Now, who has ever claimed that "rectal injections of foods *are* carried past the ileo-cæcal valve and into the stomach" *for the purpose of being digested?*

Not only has such a claim not been made, at any rate not by any authority on the subject, but it is not even regarded as at all essential that the foods, so injected, shall pass so far above the valve as the stomach. But if there is such a claim about the stomach digestion in rectal alimentation, the fact that one of the very objects of resorting to "the rectal injections of foods" is to obtain complete stomachal rest, as in chronic gastritis,* in the rebellious vomiting of pregnancy,† etc., would at once disprove it, and very effectually, too.

So you see, PROFESSOR STOWELL is perfectly correct as to his belief, which is the undoubted belief, because nobody believes that foods given per rectum are carried up into the stomach *for digestion;* nor would there be any philosophy or use in this, the action of the gastric juice being simply mechanical, and the foods, when given per rectum, are pretty well disintegrated externally. But we are here treading on altogether too well-known and familiar physiological grounds, for which there is no necessity.

As to the doctor's opinion, that "in the normal condition, a liquid forced into the rectum, could not pass the ileo-cæcal valve," in proof of which he so joyfully quotes DR. DAWSON'S conclusions that "the experiments performed show that the valve when intact—when in normal condition—will not allow retrograde passage," the AGE'S editorial comments on this lecture of DR. DAWSON, and in reference to this communication of DR. STOWELL, effectually dispose of it and leave it hardly any more ground to stand upon. The writer of this editorial article very sensibly concludes, from these experiments, that "in the cadaver at least, the ileo-cæcal valve interposes an effectual shut-off between the large and the small intestines." The valve, it will be remembered, yielded twice only in the fourteen cadavers on which these experiments were made. Equally sound and sensible is the concluding sentence of this able editorial: "Demonstrations on the inanimate body are not always reliable guides to conditions obtaining in the living subject."

Because the valve in the cadaver did not allow liquid to pass it, is no argument wherewith to prove or to "hold" that the valve in life will not allow it to; and when it is an established fact that the valve in the animate human body *does* allow the retrograde passage of liquid, is not valuable time wasted in arguing to the contrary? And it is an indisputable fact that the valve *does* permit this. To deny it is to deny the accuracy of the statements and the truth of the reports of the observations of those who have seen and beheld its occurrence.

The writer purposely avoids any reference to

* *Vide* Leube, Ziemssen's Encyclopœdia, vol. vii, p. 184.

† Dr. Campbell, of Atlanta, the present president of the American Medical Association, strongly recommended this in these uncontrollable vomiting cases, so as to give the stomach an absolute rest. *Vide* Transactions of the American Gynæcological Society, vol. iii, 1878, p. 273.

his own observations, for obvious reasons, preferring to let others cite their cases and give their experience in proof of the occurrence of that which is so strenuously, but so ineffectually, denied by PROFESSORS DAWSON and STOWELL.

In the *Medicinisch-Chirurgisches Corresp.-Bl.* for June, 1883, p. 13, DR. JACOB FRANK, of Buffalo, gives the history of a young man who had pleurisy, empyæmia supervening, so that paracentesis thoracis had to be, and successfully was, resorted to. In the course of the disease, uncontrollable vomiting set in, and it was feared that the patient would die of inanition. In consulting with PROFESSOR THOMAS F. ROCHESTER it was decided to enforce perfect rest of the stomach, and, to keep up the patient's strength at the same time, rectal alimentation was resorted to. The vomiting stopped, but after the administration of the third injection, consisting of beef tea principally, it commenced again, *and in the matter vomited were found the ingredients of the injection*, its color and smell; and the patient, a very intelligent young commercial traveler, complained of a taste of beef tea in his mouth for hours afterwards. These injections were continued nine days, but nevertheless the patient vomited two or three times in the course of every twenty-four hours, and every time did the emesis contain characteristics of the enemeta.

DR. C. H. F. ROUTH* refers in his excellent work to persons who have complained of the taste in their mouths of the injections given, the taste continuing for hours after the operation.

In "The Medical and Surgical History of the War,"† a case is recorded in which the rectal injection passed up into the intestines, and in another case they reached the stomach and were ejected. These cases are cited also in the *Virginia Medical Monthly*, 1878, p. 531.

PROFESSOR HAL C. WYMAN, of Detroit,‡ injected two dogs, one living, the other dead, with a pint and a half of colored milk, and found the milk in both cases in the whole length of the small intestine.

DR. CHARLES A. DANA,§ of New York, not long ago made some experiments on sixteen living dogs, with the results:

First.—That large injections forced in *may* cause a "retrostalsis," which will carry the mass by the ileo-cæcal valve, and even into the stomach.

In dog No. six, weighing 15 pounds, in which ℥ j of carmine-colored milk had been injected "some of the milk had passed *eight to ten inches above the valve.*"

In dog No. eight, 10 pounds, some of the two ounces were found, two and one-half hours later, to have "*passed up into the stomach.*"

In dogs Nos. ten and eleven the injection (℥ iss) "had passed half way up large intestine." In the fifteenth and sixteenth it had also gone above the valve. In the *fourth*, "*just above*," and in the *fourteenth*, "*just a little way beyond.*"

"These injections were given with an ordinary hard-rubber syringe, and no especial force was used."

These are a few only of many cases in which rectal injections of food did pass by and beyond the ileo-cæcal valve. And so well established is this fact, and so frequent has been its occurrence, both in patients in whom rectal feeding became necessary, and in the experiments on animals, that the terms "retrostalsis" and "intestinal inhaustion" were "invented" to define or describe this peculiar function of the intestines, whereby the injections were made to pass upwards.

Doubtless, however, sufficient evidence has already been offered to show that the opinions and conclusions of PROFESSORS DAWSON and STOWELL are, to say the least, not well founded; but, if the claims and assertions of these eminent and learned gentlemen—that rectal injections, in a normal condition, cannot pass by this valve—have not been disproved, some more reasons and facts can be easily adduced.

Finally, I would like to know what these gentlemen understand by a normal condition.

I ask because DR. DAWSON bases his conclusion (*vide supra*) upon the experiments he made on the cadaver, and because I do not believe that the ileo-cæcal valve of a cadaver is in a normal condition, if my idea of a normal condition be a correct one.

561 GENESEE STREET.

*On Children Feeding, Wood's Library, 1879, p. 234.

†Part II., p. 836.

‡Fort Wayne Journ. of Med. Sc., July, '81, p. 4. Cited also by DANA.

§N. Y. Med. Record, Jan. 6, '83, p. 6.

ABSCESS OF THE BRAIN.

BY W. W. TOMPKINS, M.D., CHARLESTON, W. VA.

I was called July 21, 1883, to see ELIZABETH W., a white woman, aged 35 years. She was born and raised here; for the past sixteen or eighteen years she had led a loose life, first living in one house of prostitution, then another, but for the past two years had been living with a negro husband. She was moderately addicted to the use of liquor. Notwithstanding the life she led, and her habits, she was a woman of considerable beauty; about five feet five inches in height; regular and well-cut features; dark hair and eyes; and teeth that were perfect. I could find no lesions of syphilis, nor did I ever find anyone who had known her to have had this disease. On July

'20, '83, she had walked to town, a distance of two miles, eaten her dinner at a restaurant, drank a bottle of beer, and returned home. Reaching home, she felt sick, and thought it due to the beer she had taken. Being very thirsty, she drank several glasses of ice-water, and went to bed, complaining of headache and fatigue and loss of appetite. I visited her the next day, the 21st, and found she had a temperature of 102° F., pulse 100 and respiration 23 to the minute. I prescribed for her, and heard nothing more of her for several days, when I was sent for, and found that in my absence a negro voodoo had been to see her and had given her a decoction containing spiders, grasshoppers and lizards; this was to be given her in wineglassful doses every three hours. She took, I believe, two doses, and set it aside. This preparation greatly aggravated her symptoms, and set up a most persistent vomiting. She was now much weaker; temperature 102½° F., pulse 115 and respiration 30 per minute. She now complained of the most intense and agonizing frontal headache. The pupils were dilated, thirst well-marked, and mind wandering, but would answer questions propounded. Nothing would allay the pain in the head but opium. The next few days, at my visits, the symptoms were the same. Whenever she came from under the effects of opium, she would cry for God's sake to give it her, as the pain in the head was beyond endurance. Aug. 8, '83, she became comatose, from which condition she could be aroused with the greatest difficulty. From this time until her death, three days later, she took neither medicine nor food.

Up to within four days of her death, her bowels and kidneys acted regularly: after this time, urine was passed involuntarily, and bowels did not move.

Paralysis of left side was marked six days before death; anæsthesia of same side being well marked. I thought from the symptoms it was an abscess of the brain, and asked her husband to grant me a post-mortem examination, which was agreed to. Taking three of my professional friends, we held the autopsy August 12th, 1883, several hours after death, with the result here given:

Some rigor mortis present; body in a fair state of preservation; the thoracic and abdominal cavities were opened in the usual manner, and the viscera examined in the following order and with the following results: Lungs apparently healthy, no pleural adhesion; heart, consistency of the muscular tissue diminished; liver, slightly congested; spleen enlarged and much congested; both kidneys congested; the stomach contained about two ounces of thick fluid; the mucous membrane was swollen.

The brain presented the following: In the occipital lobe of the right side of this organ was found a circumscribed acute abscess occupying about the anterior half of the occipital lobe immediately under the space contained between the parieto-occipital fissure and middle occipital convolution. The abscess was about the size of a walnut. It was irregularly circular in shape and consisted of a rather thick greenish pus of a fetid odor; it was surrounded by a thin and delicate lining membrane, which easily broke down under attempted removal.

The brain tissue around the abscess was soft and disintegrated, and the parts easily disassociated. No meningitis was apparent, nor were there any adhesions of the membranes to the neighboring parts. The abscess seemed to have formed in the white matter of the hemisphere and to have extended up into the grey matter of the cortex.

The convolutions of the hemisphere of the brain appeared flattened and somewhat crowded together when compared with the convolutions of the other hemisphere. No evidences of disease were noticed in the left hemisphere.

MANGANESE IN AMENORRHŒA.

BY A. R. HICKS, M. D., BATH, MICHIGAN.

My attention was arrested some two years ago by an article on the use of binoxide of manganese in amenorrhœa due to hygienic imprudence at the menstrual nisus, nervous disturbances, etc. A short time thereafter a Miss N., æt. 17 came under my care. She had taken a severe cold at a dancing party from the effects of which her menses, which were then on her, became suddenly suppressed. She presented symptoms of decline, with hectic, nervous chills, dry cough and general malaise. After having for a reasonable period tried the usual remedies without result, I concluded to test the virtue of manganese pills, and accordingly sent to MESSRS. PARKE, DAVIS & CO,, of Detroit, for a hundred of them. I had an impression that the grave symptoms were due to the suppression of the menses and that with these reestablished, improvement would ensue. I ordered one pill to be taken at bedtime every night. After five pills had been thus taken the catamenia appeared, and under the use of wine and iron the patient was soon restored to her original good health.

I have since had two similar cases which I treated in a similar manner with similar results. In one of these the suppression had existed for several years and had been treated by eminent

physicians both of Michigan and of the west, whither she had been sent in the hope of benefit from the change of climate. In this latter case fifteen pills taken nightly in the course of two weeks, in combination with tonic diet and medicines, wrought such a change that the patient became a regular patron of the roller-skating rink, where she would exercise for two hours at a time without fatigue. The remedy is certainly one of great power in amenorrhœa.

THE PRESENT TREATMENT OF PNEUMONIA.

BY DR. C. E. NELSON, NEW YORK.

At the present moment, and for the past few years, there has been great fatality in New York City from pneumonia, pleurisy and peritonitis. In the New York Herald, about the end of March, appeared an article saying that on account of civic malaria, caused by decaying animal matter, these disorders which were formerly acute affections, often curable in a days, are now regarded as asthenic, incurable conditions; that the attending physicians do not now try to cure the attack, but simply endeavor to keep the patient alive, thinking they are doing very well. In this view, morphine is largely exhibited; the patients are heavily dosed with quinine, so that it is impossible to tell whether head symptoms are caused by that, or the disease; salicylate of soda is also given. The main ideas governing this treatment are to keep down the temperature, which is only one sign out of many. Thus, hundreds of people are being murdered.

It was said in that same article in the New York Herald, that the former heroic anti-phlogistic treatment made the patient worse. I dissent from these views. Of course, it may be said that treating patients in the country, is very different to treating them in a supposed malarious city. I do not believe that these ideas are based on truth. I think that the sooner we get back to the calomel, the more cures will be effected.

In the case of physicians themselves falling sick with pneumonia, it is as well to retain this present form of treatment; especially if they have a good practice, and the attending physicians wish to divide the practice among themselves; of course, in such a case, the attending physicians prescribe *secundum artem*, and you cannot blame them if the other man dies.

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Editorial.

UNRELIABILITY OF MEDICINAL PREPARATIONS.

It, of course, requires no argument to convince the therapeutist that, next to correctness in the matter of diagnosis and knowledge of the effects of medicines in given conditions, his success is most dependent on the quality of the drug which he prescribes. The proposition is self-evident, and yet, in spite of the fact, there is no subject connected with his calling on which his indifference is so marked. For some inexplicable reason physicians, both in their individual and in their associate capacity, have regarded, and continue to regard, the matter of the reliability of the drugs and the preparations thereof which they prescribe as one in which they are not interested. While in medical societies, local, state and national, there are committees and sections devoted to almost every other conceivable special division into which medicine, practical and theoretical, is divisible, not the slightest attention is paid to the question whether the medicines on the market, and from which prescriptions are compounded, conform to the recognized standards of purity and strength. That a great diversity exists between the preparations of the same drug by different manufacturing pharmacists, the practitioner of the most limited experience is constrained to admit, but despite the fact it is the common custom to be totally indifferent to it in prescription writing.

At a recent meeting of the North British Branch Pharmaceutical Society, MR. PETER MACEWEN gave a report of an examination he had made of certain preparations of drugs found in the English market. As an illustration of what he found, we give his results in the case of extract of calabar bean, eight samples of which he examined:

	Yield of Extractive. Per cent	Yield of Alkaloid. Per cent.
Extract 1	51.42	10.47.
2	36.79.	5.66.
3	54.54.	5.45
4	35.52.	3.94.
5	45.15.	3.87.
6	70.00	6.60
7	52.00	1.60
8	77.70	1.10

That such a diversity should be found in such a country as England, where a certain governmental control is exercised over matters of a medical and pharmaceutical nature, must arouse grave doubts (if; haply, they do not already exist) touching the uniformity of pharmaceutical preparations in other countries, and notably, perhaps, in this, where the commercial method so largely pervades the professions. The editor of our contemporary, the Weekly Medical Review, gives, as an illustration of the extent to which the discrepancy referred to exists among us, his experience with the fluid extract of cascara sagrada. He had occasion to give this drug to a patient, in whom the dose was increased to a teaspoonful without appreciable effect. On substituting the fluid extract prepared by another house, ten drops were found to be more than enough to produce the desired effect.

In the columns of the London Lancet, also, there have recently appeared notes from practitioners calling attention to discrepancies in the effects of different brands of fluid extract of this drug in the market. Cascara sagrada has achieved a great popularity with the profession of England during the past few years, through the introduction to it of a reliable preparation of the drug. Latterly, however, complaints have appeared of its intensely griping action and of other effects which are never known to occur in connection with proper preparations of the true drug. Unquestionably these are due to the employment of other varieties of rhamnus, and chiefly rhamnus frangula or the common buckthorn, the physiological effect of which is to gripe in connection with its cathartic action.

In view of the above experiences, which few of our readers will have any difficulty in duplicating, it would seem very essential to the best interests of both the profession and the public, that some means of correcting the evil indicated be adopted. Two methods through which reform may be effected suggest themselves. The first is governmental interference, the various manufacturing pharmacists being placed under the supervision of officers properly qualified to examine their products. This method has much in it to commend it, but its practical working might develop obstacles to its success. The well-known sympathy, moreover, which the public manifests for quackery, in medicine and in pharmacy, as witnessed in its patronage of the most blatant charlatans and the enormous revenues of nostrum manufacturers, makes any hope of governmental regulation in the matter of medicinal preparations, too frail for a basis for immediate action. The other method is one which is peculiarly in the hands of the medical profession. We shall refer to it in our next.

HERNIA IN THE INFANT.

There exists in the profession a diversity of views touching the causes, treatment and prognosis of hernia as it occurs in the infant. Phimosis is a very frequent cause, and any treatment which does not embrace its relief is very unsatisfactory, the straining at urination during its existence operating in antagonism to such treatment. Constipation, in the same manner, is a cause of the occurrence and continuance of the condition. Tight bandaging, by forcing the viscera into the lower part of the abdomen, produces undue pressure on this region, and must be relieved as a preliminary to treatment. While these causes are most fruitful in causing hernia, it also, unquestionably, exists as a congenital defect—a delay in the division of the tunica vaginalis from the peritoneum. It is maintained by some writers that this congenital defect cannot be remedied, but there is no sufficient reason why the division cannot take place after as well as before birth, provided proper aid is rendered to prevent a mechanical obstruction to its accomplishment.

In addition to the above facts bearing on infantile hernia, Dr. W. B. DeGarmo, of the New York Polyclinic (Medical Record, March 21) calls attention to a complication the overlooking of which makes treatment difficult and perplexing. He refers to the presence of fluid within the abdominal cavity, which descends into the scrotum with the hernial contents. In quantity this may amount to from one to three ounces; it usually returns when the hernia is reduced, but cannot be retained within the abdominal cavity by any appliances that can be tolerated by the infant, and within a short period after the truss has been applied it will be found again in the scrotum. Its presence is apt to arouse a doubt in the mind of the surgeon whether the intestine itself has been properly replaced. Dr. DeGarmo has adopted no special means for its relief, as ordinarily it will disappear in a month or two when a properly fitted truss, with a small convex pad, has been applied. When it does not disappear after the hernia has been permanently reduced, an operation, as for hydrocele, may be resorted to.

At how early an age is it proper to begin the treatment of hernia? This is a question which has, doubtless, perplexed many physicians; and, indeed, we have known instances in which the parents have been advised to not interfere, but to "give the child a chance to outgrow it." Dr. DeGarmo condemns such advice, and advises early treatment, a month being the extreme limit of time that should be allowed to elapse before commencing treatment. The only treatment which he recommends is the truss, and of the many varieties in the market the only one

which his experience endorses is that made of hard-rubber. No other kind is so well tolerated by the infant's skin. A carefully adjusted truss does not inconvenience the child: it seems, on the contrary, to conduce to the infant's comfort. The best style of truss for single hernia is that which crosses in front of the abdomen and passes around the hip to the affected side. It will rarely be found necessary to use anything but the small oval pad, which should be located as nearly over the inguinal ring as possible. Much harm may result from the application of a small prominent pad over the external ring, into which it wedges itself and thereby increases the difficulty, instead of aiding in a cure.

In using truss springs, covered with hard rubber, it should be remembered that by passing them through a gas or lamp flame they may be shaped and bent to any desired form, and the pressure increased or diminished at will.

DR. DEGARMO'S experience warrants him in giving a very favorable prognosis in cases of properly treated hernia occurring in infants.

WHAT IS CANCER?

A painful interest has been aroused in the subject of cancer by the case of GENERAL GRANT, and the question, what is cancer? is again to the fore. Is it a local or a constitutional disease? Is it a hereditary affection? What are its essential morphological appearances? These questions have been asked in connection with it from an early date, and in spite of careful observation and investigation, they remained unanswered. MR. W. L. SAVORY, of London, in the BRADSHAW lecture, on the Pathology of Cancer, directs attention particularly to that touching its constitutional nature, and the Quarterly Epitome of American Practical Medicine and Surgery gives a summary of his remarks on this point. Various definitions of the term "constitutional" have been given. The senses in which it has been used have varied, the essential agreement being that cancer must be something more than a disease which affects the tissues locally, because of its certainty of recurrence, its hereditary nature, its power of infecting the system, etc. The conclusion reached concerning the term constitutional, is that it does not possess "any precise or definite significance for us," and still further the distinguished writer hints that, when critically examined, the grounds upon which the various forms of belief are based, are inadequate to explain the exact significance of the word, and the nature of the disease.

MR. SAVORY is, moreover, of the opinion that the signs usually advanced in support of the theory that cancer is a "constitutional" disease, are not the attributes of cancer in the earlier stages of its history. He distinguishes between the mode of origin and the character which a disease presents at an advanced stage of its progress, regarding this as of fundamental importance, and believing that even a disease which may be early recognized as constitutional, may in the *earliest* stages be considered local.

But dropping the terms "local" and "constitutional," the writer touches on the nature and vital attributes of so-called cells, or of the formless plasm out of which they come. He concludes that "those tumors which form the most malignant cancers are constituted of quite rudimentary elements, those of the lowest grades of development, but being on a level with the embryonic stage of normal structures." On this basis he believes that the varieties and peculiar features of what are known as malignant growths can be easily explained.

HOW TO CURE A FELON.

While waiting in DR. C. C. GRATIOT'S office a patient suffering from a felon picked up a medical journal in which he read the following cure for a felon: "Take common salt, roasted on a hot stove until all the chlorine gas is thrown off, or it is as dry as you can make it. To a teaspoonful of this and a teaspoonful of pulverized castile soap add a teaspoonful of Venice turpentine, mix them well into a poultice and apply to the felon. If you have ten felons at once, make as many poultices. Renew this poultice twice a day. In four or five days your felon will, if not opened before your poultice is first put on, present a hole down to the bone, where the pent-up matter was before your poultice brought it out. If the felon has been cut open or opened of itself, or is about to take off the finger at the first joint, no matter, put on your poultice; it will stop it right there, and in time your finger will get well, even if one of the first bones is gone. Of course it will not restore the lost bone, but it will get well soon."

The patient was, very naturally, much taken with this explicit and positive statement touching the condition from which he was himself suffering, and requested the treatment prescribed to be tried on him. DR. GRATIOT was, however, not disposed to resort to it, and wished to adopt the heroic orthodox treatment of slitting open the finger down through the periosteum, but in deference to his patient's solicitation he permitted a trial of the novel and painless method. In four days the patient returned, with pain and throbbing all gone, with no tenderness or swelling, and with the promised "hole down to the bone," from which was discharging a bloody, thick pus. The

pain had subsided within eight hours after the application of the poultice.

With this satisfactory result as a justification DR. GRATIOT went on treating seven other felons for which he was consulted, the results of injuries from the pitch-fork handle in the stacking and threshing of grain. This additional experience furnished him with seven more cases corroborative of the truthfulness of the statement of the article quoted. These results, which are published in the College and Clinical Record, are certainly remarkable, and fully warrant a further trial of the method.

THE CALL PUBLISHING CO. FRAUD.

Several of our readers who remitted as per terms of an advertisement of the "Call Publishing Co.," of Chicago, which has appeared extensively in the pages of our contemporaries, have written to us asking us to suggest some reason why they have not been favored with the article advertised, to wit, the R. M. & Co. Standard Cyclopœdia, which, though said to be worth $5.00, was offered at the liberal sum of thirty-five cents. Although the advertisement never appeared in our columns, we, nevertheless, do not hesitate to assist our bewildered friends to clear up the mystery. Strange as it may appear, and incredible, they have been "taken in" by a Chicago man. Doubtless a suspicion that such was the case had already begun to dawn on them when they wrote us. The suspicion might as well be permitted to ripen rapidly into a conviction. Their several thirty-five cents had better be debited to experience account. The Chicago Tribune gives a full exposé of the swindle. The Post-Office authorities have also discovered it, and since their discovery they have intercepted some bushels of letters addressed to the "Call Publishing Co." So extensively did the company advertise that in three days after the mail was intercepted, over five hundred letters had accumulated in the post-office. As many as had on their envelopes the address of their senders were returned. The remainder await disposition.

But those who answered the advertisements were not alone duped. The publishers of journals carrying the advertisements likewise bewail the sinfulness of the Chicago man. Accompanying the order for the advertisement the names of several firms were given for reference. These firms fail to materialize on investigation, and the Call Publishing Co. and its references, are all existent in the person of one man—J. B. GAYLORD—who thus successfully recommends and endorses himself. This GAYLORD has long been known as a "scheme operator," but is sufficiently adroit to keep out of the clutches of the law. His victims in the present instance may possibly get some satisfaction by addressing the Chicago Post-master.

DR. J. G. KIERNAN, a frequent contributor to medical periodicals, superintendent of the Chicago Insane Asylum, and prominent among those who insisted on GUITEAU'S insanity, had occasion recently to take the engineer of his Asylum to task for his inebriety. The engineer was thereupon seized with an impulse (sane or insane?) to reduce the doctor to a homogeneous mass. Being more powerful than his master, he was tolerably successful in the gratification of his impulse, DR. KIERNAN being knocked down and kicked in a manner detrimental to his physical integrity. The doctor, with the magnanimity of the alienist that he is, overlooked the offense; but his pearl was cast before a swine, who turned again and rended him once more, as soon as he was able to be about after his first mauling. But there is a limit to the endurance even of the alienist, and DR, KIERNAN took the second offence to the commissioners of the Asylum. For some unexplained reason, the honorable commissioners refused to interfere. Perhaps they had imbibed the teachings of the alienists, who believe in "insane impulses" and hold that inebriety is a species of insanity. DR. KIERNAN'S only redress, therefore, was the law, and he has had the engineer brought before a justice-of-the-peace. There is nothing like knock-down arguments to settle one's convictions on the question of "insane impulses." DR. KIERNAN has our sympathy in his hard lines.

The following peroration from the pages of a contemporary, is noteworthy both as a specimen of the "hifalutin" and as an effort at divination: "The chain of prejudice will be broken, the galling yoke of code be unknown, the cloud of sectarian bigotry will disappear, and the sun of progress will rise above the horizon of speculative therapeutics and advance to its noon-day glory, shedding forth such a developing power as to produce one grand army of practitioners, who shall hold in their hands the wand of healing, quickened by effectual therapeutics, to bring gladness to the heart of nations and consolation to the afflicted millions." Selah! Who dares now to say that the study and practice of medicine prevent the mind from soaring aloft? Where can a more beautiful blending of metaphors be found than in the above? All the way from the breaking of the "chains of prejudice" to the bringing of gladness to "the heart of nations" the rhythm and the pathos are calculated to soothe and melt. Oh for more of such poetry to break the monotony of the prose of the practitioner's humdrum existence!

It having been announced that efforts are being made to secure the appointment of DR. A. N. BELL, editor of the Sanitarian, as Supervising Surgeon-General of the Marine Hospital Service, counter-efforts have been placed on foot with a view to securing the retention of the present incumbent, DR. HAMILTON. We have been asked to take sides in this controversy, but respectfully decline. DR. HAMILTON has made a very efficient officer, and, barring his course toward the National Board of Health, has been quite satisfactory to the profession. DR. BELL is, however, in our opinion, equally qualified for the position, and should the new administration see fit to appoint him, we do not believe the interests of the service will be at all jeopardized. They are both good men, and as between the two we have no preference.

A St. Louis medical college recently, in a moment of weakness, yielded, tentatively, to the demand of the profession, that the recipients of medical diplomas should know something about medicine; and just for the sake of experiencing the sensation, actually plucked a candidate for its degree. The result was very disastrous — to the student. The horrified young man felt the injury which had been inflicted on him so keenly that he went out and committed *felo de se* with a gun. We trust this experiment of the St. Louis brethren will have its effect on college professors everywhere. To thus suddenly institute the requirement of any knowledge of medicine of their graduates, would be to run the risk of making cadavers a drug on the market.

DR. B. B. GODFREY, of Hudsonville, Mich., writes us that he has, almost invariably, after delivery of a monster, found, on closely interrogating the mother, that there had been some attempt at the induction of an abortion. He thinks, therefore, that the responsibility for monsters is more largely traceable to criminal interference with nature's process, than is generally conceded or suspected. Perhaps he may be right, but we do not quite understand how the fœtus could be directly injured in this manner without a rupture of the membrane, and with a ruptured membrane it is scarcely conceivable that the fœtus could remain sufficiently long in the uterus for a monster to develop.

DR. A. C. NORTH, of Newnan, Ga., reports a case of abortion induced by sneezing. The patient was a MRS. A., a stout, healthy lady, æt. 33, of sanguine temperament, mother of five children, all living; no previous miscarriage; five months advanced in pregnancy; general health good. One night, upon retiring, she felt an inclination to sneeze, which she gratified, after which she said she felt as if something had torn loose, and in a few hours hemorrhage set in and lasted for several days, defying all treatment, and resulting in abortion.

"M. D." does not always stand for doctor of medicine. A female disciple of the unsavory DR. BUCHANAN, on being asked why she affixed the letters to her patronymic, declared that in her case they stood for "Money Down." In order to avoid ambiguity and confusion, we would suggest that she substitute the letters "S. C." They are equally ornamental, and more expressive—"Spot Cash."

An exchange declares that "DR. SQUIBB finds that even a twenty-five-per-cent. solution of oleate of cocaine fails to be able to pass through the epidermis of the skin so as to induce local anæsthesia of the skin." Wonder how it would act if applied to the epidermis of any other surface than the skin. It would probably not be more effectual than if applied to the periosteum of the nails.

Honey is recommended by a writer in the Lancet, as one of the best disguises of the taste of quinine, and especially valuable to this end when administering the drug to children. The dose should be placed in the centre of a teaspoonful of honey.

Even as a bird in the hand is worth two in the bush, so is a fee in the pocket worth two in the book. The moral is obvious.

Book Notices.

HUMAN OSTEOLOGY, COMPRISING A DESCRIPTION OF THE BONES with Delineations of the Attachments of the Muscles, the General and Microscopic Structure of Bone and its Development. By LUTHER HOLDEN, Ex-President and Member of the Court of Examiners of the Royal College of Surgeons of England; Consulting Surgeon to Saint Bartholomew's and of the Foundlings Hospital. Assisted by JAMES SHUTER, F. R. C. S., M. A., M. B., Cantab., Assistant Surgeon to the Royal Free Hospital; late Demonstrator of Physiology, and Assistant Demonstrator of Anatomy at Saint Bartholomew's Hospital. With numerous illustrations. Sixth edition.

KIRKE'S HAND BOOK OF PHYSIOLOGY. By W. MORRANT BAKER, F. R. C. S., Surgeon to Saint Bartholomew's Hospital and Consulting Surgeon to the Evelina Hospital for Sick Children; Lecturer on Physiology at Saint Bartholomew's Hospital, and late Member of the Board of Examiners of the Royal College of Surgeons of England. And VINCENT DORMER HARRIS, M. D., Lond., Demonstrator of Physiology at Saint Bartholomew's Hospital. Eleventh edition, with nearly 500 illustrations. Vols. I. and II.

The above volumes are, respectively, the January, February and March numbers of WOOD'S Library of Standard Medical Authors, for 1885. Any description of these works would be quite superfluous. HOLDEN'S Human Osteology is well-known to be the most complete treatise on its subject extant: no other work on

the human bones is so exhaustive. KIRKE'S Physiology is, probably, the best-known book before the profession, and the fact that it has entered its eleventh edition speaks louder of its merits than anything that we can write of it. The editors have incorporated into the edition before us all the recent advances necessary to bring it fully abreast of the times. The profession is to be congratulated on having these standard works placed before it in the excellent shape, and at the marvelously low prices, which characterize WOOD'S Library.

THE SCIENCE AND ART OF SURGERY.—A Treatise on Surgical Injuries, Diseases, and Operations. By John Eric Erichsen, F. R. S., LL. D., F. R. C. S. Surgeon Extraordinary to Her Majesty the Queen; Ex-President of the Royal College of Surgeons of England and of the Royal Medical and Chirurgical Society; Emeritus Professor of Surgery and of Chemical Surgery in University College; Consulting Surgeon to University College Hospital, and to many other Medical Charities. Eighth Edition, Revised and Edited by Marcus Beck, M. S. and M. B., London, F. R. C. S. Surgeon to University College Hospital, and Professor of Clinical Surgery in University College, London. With 984 Engravings on Wood. Vol. II.

Philadelphia: LEA BROTHERS & Co.
Detroit: PHILIPS & HUNT.

Having noticed, with comments, the appearance of the present edition of this great and classic work on the issue of the first volume, in our issue of Dec. 10 last, it but remains to announce the issue of vol. ii. This is divided into 39 chapters—chapters 37 to 75 inclusive, and embraces a consideration of every surgical affection not discussed in the first volume, and contains in an appendix a chapter on corrosive sublimate as an antiseptic. It is scarcely necessary to state to the medical profession that Erichsen's Surgery is unexcelled as a text-book on its subject. In the present edition the editor has incorporated all progress on surgery up to the date of its publication. The work is issued in LEA BROTHERS & CO'S characteristic style.

THE PHYSICIAN HIMSELF AND WHAT HE SHOULD ADD TO HIS Scientific Acquirements in Order to Secure Success. By D. W. Cathell, M. D., late Professor of Pathology in the College of Physicians and Surgeons of Baltimore. Fourth edition enlarged by the addition of nearly three hundred new suggestions. Pp. 284, 8 vo. Price $2.00.
Baltimore: Cushings & Bailey.

When a book enters its fourth edition in three years it has demonstrated itself to be a success, and scarcely requires any word of commendation. We have given our opinion of DR. CATHELL'S little book in our notice of previous editions, and we are pleased to see that this opinion has been so emphatically endorsed as appears by the sale of the work. Our previous opinion we would now amend by adding to it such a clause as is clearly rendered necessary by the improvement in the edition before us.

Formulary.

LARYNGEAL AFFECTIONS—DOBELL'S SOLUTION.

℞ Acidi carbolici puræ, ♏xxx.
Sodii bicarbonatis,
Sodii boratis pulv., ää ʒ j.
Glycerini, ℥ j.
Aquam, q. s. ad Oj.

DR. THOMAS D. HUGHES, of the King's County Hospital, states the above formula is as originated by HORACE DOBELL, of London, England.

DR. HUGHES, speaking from experience, says: "It is a very pleasant, soothing disinfectant and cleansing wash for the nose and throat, used by catarrh and laryngitis patients."—*Phila. Drug News*, Feb.

INCONTINENCE OF URINE IN CHILDREN.

DR. EUSTACE SMITH in his recent work on children gives the following:

℞ Tr. belladon., f ʒ i.
Potas. brom., gr. x.
Infus. digitalis, f ʒ ij.
Aq., q. s. ad. f ℥ ss.

This in one dose.

He adds strychnia when the affection occurs both day and night. This author finds a great tolerance of belladonna in children, and believes that it should be pushed to its toxic effect when the case does not yield readily.—*Medical Bulletin*, Feb.

EXCELLENT COUNTER-IRRITANT.

THEODORE ELLWOOD, M.D., Hartford, Conn., writes: "Some years ago I saw the following counter-irritant in one of the medical journals (which one I now forget), and which in certain classes of cases I have found very beneficial:

℞ Olei tiglii, ʒ j.
Ether sulph., ʒ ij.
Tr. iodini, ʒ v.

M. S.

This excellent counter-irritant is applicable where it is not necessary to produce too much effect. It is particularly nice for children.

The other prescription is stronger, and is intended for cases where the doctor wants a more decided effect:

℞ Oleum tiglii, ʒ ij.
Ether. fort., ʒ vj.
Tr. iodini, ʒ ij.
Pot. iodidi, ℈ j.
Iodine resub., gr. x.

M. S. Counter-Irritant Fort.

—*New Eng. Med. Mo.*, Feb.

Medical Progress.

SOME NOTES ON JAMAICA DRUGS.—Through the kindness of MR. SYME, the manager of the government gardens in Jamaica, I received, a short time ago, some very interesting materia medica specimens for the college museum; and in introducing them to your notice, a short and imperfect account of the drugs supplied by Jamaica may be interesting.

Commencing with the substances in the order of commercial importance, pimento occupies, naturally, the first place. The annual export is about three million pounds—nine-tenths of the entire consumption of the world, the greater portion used now as a spice or condiment, but also in tanning the celebrated Russia leather, the manufacture of which has now, it is said, been commenced in the United States.

The trees are cultivated in what are called pimento walks, or pens, along with the guinea grass, on which are raised the cattle used on the sugar estate grazing farms, as we might call them. The young trees are exported to the extent of some thousands of bundles annually, for use as umbrella-handles and walking-sticks, and are found growing in large numbers in forest-clearings, fields, and by the roadside, chiefly on the north side of the island.

They are propagated almost entirely by the ripe seeds having been swallowed by birds, and passed through the alimentary canal undigested, only in this way attaining the possibility of germination. Attempts at propagating from the ripe seeds, direct, have failed at the government gardens and elsewhere. This peculiarity in the germination of seeds is common to many other tropical fruits, amongst others the nutmeg. A common method of propagation adopted for this and most trees at the gardens, is to take a section of bamboo, four to six inches in diameter, split it in two, place it round a branch, join it together again and fill it with earth, supporting it in place. Roots are quickly sent out, when the connection with the parent tree may be destroyed. Bamboo sections are the natural flower-pots of the tropics, and are very cheap and efficient.

To return to pimento: The young trees are distinguished by connoisseurs as male and female; and the latter, planted where required, growing into symmetrical trees, thirty to forty feet in height, with dark green, shining leaves, bearing white terminal clusters of flowers in February or March, followed in July and Au-August by the berries. If allowed to ripen, the sarcocarp becomes sweet and juicy, and is relished by birds. They are therefore gathered before maturity, dried on concrete floors, called *Barbecues*, in the sun, for three to six days. The immature covering of the seeds is then woody and strongly aromatic. The leaves have the same odor and taste to a very high degree.

Pimento production is in the hands of landed proprietors chiefly. This is not the case with the next substance in importance, ginger, which is almost entirely cultivated by the negro peasants, and workmen on the sugar estates, who rent one or two acres of wood apiece, clearing the land and cultivating what are called ground provisions, viz.: Yams—the starchy tuber of *Dioscorea Alata*, etc.,—cocos, the edible root of an arum, bananas (now shipped to New York by the steamboat load), and the nearly allied plantain, resembling the banana in growth, but developing a starchy instead of a saccharine fruit. The small farmer devotes a portion of his ground to his favorite ginger, which yields him an annual crop with but slight attention. It is gathered at the close of the dry season, partially dried, carried to the nearest market, and sold to dealers for 1d. or 1½d. per lb., by whom it is prepared for market. The first process is scraping or peeling, performed by women and children, who receive ½d. per lb. for the operation, when it is bleached by being dipped into lime water, once or oftener, as found necessary, and dried thoroughly in the sun during some weeks. The export for nine months ending June, 1884, was 11,000 cwt., over one and a quarter million pounds.

Another substance known in commerce with the prefix Jamaica, is sarsaparilla. The favorite red Jamaica sarsaparilla, or rather the greater portion of it, is obtained from British Honduras, and, from what I could learn, is washed, exposed to the sun, refolded into the orthodox shaped rolls, and thereby so increased in medicinal value as to command a sufficiently higher price to pay for the manipulation and dealers' profit. It is certainly improved in appearance. The true *Smilax officinalis* is found in Jamaica, but not to any great extent. The plant has taken a new lease of medical life, under the name of bamboo brier, and the appropriateness of the title is apparent from the specimen of the leaf received from Castleton. The sample of root, you will notice, is much smaller than the commercial root; not starchy, even at the extremity; cortical portion very much shriveled, and with but slight acridity, in comparison with Mexican root. The place of growth has no doubt a marked effect. The largest roots are found in wet, low lands, near the sea. Castleton gardens are situated at an elevation of 600 or 700 feet, in a mountainous district.

Annatto forms quite an item in the exports of Jamaica. The sample sent shows the bristly dehiscent capsule, open at maturity. The tree is a small one—may almost be called a shrub—growing all over the island, favoring the lower coastal regions. It presents a very striking appearance when numbers of the capsules, with the bright red covering of the seeds exposed, appear like snakes' heads emerging from the dense green foliage. The paste covering the seeds forms the commercial annatto, and is used as an ingredient of the chocolate prepared by the negroes, which is brought to market in cylindrical rolls, composed of the roasted seeds, beaten into a mass with sugar, etc. The fat of the seeds is not removed, so that the beverage made from it has a layer of floating oil, which retains the coloring matter of the annatto.

Plants of the Citrus family, which includes limes, lemons, oranges, shaddocks, etc., in all their wonderful variety, are so wonderful and prolific, all over the island, that the probabilities are their cultivation will be extended so as to supply a great many of the substances now obtained from the Mediterranean ports.

At present, besides the fresh fruit, which is shipped to New York in rapidly increasing quantities each year, there is a small amount of lime juice. The limes are purchased by the overseers of sugar estates for ¼ to ⅓ per bushel,

and the juice pressed out in the crudest manner. No filtration or preparation of any kind is practiced, so that the product is a very coarse one, and no wonder it realizes a low price in comparison with that of other islands, where more care is taken in the selection of the fruit and preparation of the juice. To the stranger visiting the island and seeing the luxurious growth of every kind of wild or cultivated lime, lemon, or orange, the fragrant blossoms on roadside and lane, and the luscious fruits in every garden and field, there seems a good opening for the production of the essential oils yielded by the flowers, leaves, and fruit of the plants, and used so largely for flavoring and perfumes. I could learn of no attempts at collecting or distilling the oils having been made. Sugar and rum have been the staples of production for two centuries, and new industries are looked upon as too small for attention.

Jamaica was the first to introduce castor oil to the medical world, about the close of the last century, when it was held at 5 shillings per lb., and the stock of a London wholesale druggist consisted of two bottles—according to Pharmacographia. The production now is confined to the negroes, who boil the seeds in water, without removing the testa, and skim off the oil, the article being such as would not be relished, commercially or otherwise. The plant is found widely distributed on the island, developing into a straggling bushy tree, looking as if afraid to grow up and loath to die.

In striking contrast to this plant is the stately bitterwood tree, *simaruba excelsa*, yielding the quassia of English commerce. The true quassia is a smaller tree, found in S. America, which only attains a diameter of 3 or 4 inches, hence the large trunks of the simaruba are shipped to England in logs, and used for making quassia cups, etc., the turnings supplying the medicinal chips. The tree has a straight stem, 40 to 50 feet in height, and 8 to 10 inches in diameter, with a grayish bark, and a tuft of dense foliage at the top—a picturesqne addition to the variety of a tropical forest.

Logwood and fustic are exported in considerable quantities. The latter I only saw in form of piled cordwood at the harbors ready for shipment. The logwood is seen frequently in the island, cultivated in the form of beautiful hedges, resembling our hawthorn in growth, with small roundish pinnate leaflets. The colored heartwood is only formed when the trunk reaches a diameter of three or four inches, so that the dye wood is only obtained from large forest trees with the outer white portion chipped off. The roots are principally composed of the dark wood.

In my rambles through the woods in search of dolichos beans (in which by the way I was unsuccessful), I came across a small twining plant growing three or four feet in height, noticeable for its persistent, withered pods, twisted open, and exposing the bright red seeds, which proved to be one of the most recent claimants of medical notice, the *abrus precatorius*, or wild licorice. The root has the sweet taste (but with more acridity) of the dried wood of glycyrrhiza. The leaves have the decided licorice taste, without acridity, a fact I have not seen mentioned by any authority at my command. The difference is, however, quite marked. Fortunately for me the seeds proved too hard for my dental anatomy, as I found afterwards that they are known and used in Jamaica as poisons. They constitute one of a number of substances used by a class of negroes called Obeah men who prey on the superstition and ignorance of the race by assuming supernatural powers, and becoming the paid instruments of revenge, malice, or jealousy; in reality secret poisoners, using substances which have, for a number of years, defied the analyses of the government chemist. It has been found that the seeds beaten into a paste with water, and introduced under the skin, will cause ulcers terminating in blood poisoning. Another recent candidate for medical honors, the *erythrina piscidia*, Jamaica dogwood, furnishes one of the specimens in leaves of peculiar beauty; and the star apple, still another illustration of the wonderful variety of leaf structure. Kola nuts are found to a small extent in the island, and seem destined to take a place in materia medica, containing an active principle analogous to that found in tea, coffee, coca, and cocoa. They do not seem to be used by the negroes of Jamaica as freely as would be supposed, considering their importance in Africa.

Apart from the natural productions of Jamaica, are those drugs introduced through the medium of the government botanical gardens; of these the most important is cinchona. The successful cultivation of cinchonas in the East Indies led to their introduction into Jamaica, about 1870, where it has been eminently successful. From government returns of the bark shipped in 1881, much of it was forced inot market by the hurricanes of that year. An array of the best trunk bark, by MR. HOWARD, showed a total alkaloidal strength of nearly 7 per cent., mostly quinine. This bark reached the highest price of any sold in London at the time, with one exception—an E. I. renewed bark—and estimates show that its cultivation would net £200 per acre, after seven years, and annually thereafter, at the then price in London.

I was very sorry that I could not visit the cinchona plantations; they are situated in the Blue Mountains, at an altitude of 5,000 feet, the temperature ranging during the year ending October, 1882, between 68° and 82° F., a variation of only 14 degrees. The annual rainfall was about 100 inches, about 20 inches lower than the average of five preceding years.

Cinchona is not the only plant which has been introduced and successfully cultivated. Nutmegs, pepper, camphor tree, cinnamon, coca, croton, ipecacuanha, tonquin bean, vanilla, and a host of others are on the list of plants offered free to cultivators by the government with full particulars of soil and attention required for their successful cultivation. I have omitted cardamom plants, for which there has been a steadily increasing demand during the past three years.

With the increasing trade in fresh fruits to New York and consequent facility of shipment, with the uumerous natural advantages of soil and climate possessed by the island, and with the opportunities offered to cultivators, it will be strange indeed if the drugs supplied by Jamaica do not make vigorous growth and develop new features.—H. J. ROSE, in *Canadian Pharmaceutical Journal*, December, 1884.

GASTRALGIA.—This man, a farmer, aged 39 years, has been sick for two years. His principal complaint is of pain in the left side. He has lived in a healthy locality, and has never had chills and fever. The pain begins in the left side and runs back to the left shoulder-blade. If he eats too much he suffers, but the kind of food taken does not appear to influence the pain. An ordinary meal does not make the pain worse, and eating sometimes takes away the bad feelings. Active exercise or riding over a rough road is apt to bring on the pain. The appetite is fair. The bowels are sometimes constipated, but as a rule he has diarrhœa about twice a week, there being two or three loose stools, but these contain no blood. He weighs one hundred and fifty pounds. His best weight was one hundred and sixty-two pounds, but during the summer he goes as low as one hundred and forty pounds.

Let me here refer to this matter of variation in weight. Many persons will be met with who have a wide range of what may be called normal weight. I never like to see this symptom, for it seems to me that those persons who lose flesh so rapidly cannot be made of very good stuff. A person whose flesh is solid and who is living a correct life, should maintain pretty nearly the same weight summer and winter, varying perhaps from three to five pounds. Persons will, however, be found whose weight varies from twelve to fifteen pounds at different periods of the year. With such persons I have observed that sickness goes hard: on the other hand, loss of weight in them is not to be regarded as of such serious moment as it would be in a person who was thoroughly in training and whose flesh was solid and well organized.

In reference to the pain complained of, when this pain is in the right side, we naturally suspect some trouble with the liver—a gall stone in one of the smaller ducts or in the gall-bladder; some congestion in the liver, causing dragging on the suspensory ligament, or irritation of the capsule of the organ. When the pain occurs on the left side, we think of the spleen, the pleura, and the heart, and when, as in this man, the pain associates with some shortness of breathing and overaction of the heart, we are apt to think more particularly of the heart. Examination of the heart shows it to be perfectly normal. There is no enlargement of the organ, no displacement of the apex-beat, and the valvular sounds are free from murmur. Neither is there any evidence of chronic pleurisy. There is good respiratory murmur and resonance over the left side. Examination of the spleen shows that the organ is not enlarged and that the man has not lived in a malarious district.

Before satisfying ourselves that this is merely a neuralgic trouble (possibly a form of gastralgia), some obscure conditions must be thought of. One of the most insidious of these, and one against which we should be continually on our guard, is caries of the spine. Caries of the anterior surface of the vertebræ constantly reveals itself by pain and distress in the neighborhood of the spinal column. Many cases of sciatica or intercostal neuralgia will be found to be due to caries of the anterior surface of the vertebræ, and the diagnosis should not be made until a sudden increase of the symptoms, with some numbness and failure of power in the lower extremities or the appearance of an angular projection, calls attention to the real cause of the trouble. You will do well to be on your guard against the occurrence of this obscure lesion. Aneurism of the descending aorta is another condition to be excluded.

There is no tenderness along the spine, neither is there any projection of the vertebræ, and jumping does not cause pain. No pulsation, thrill or abnormal dulness can be detected. Caries of the spine and aneurism may therefore be excluded.

You observe that the pain is described as occurring in the right side and over the stomach; it is not markedly affected by eating, although radishes and some other vegetables make it worse, and it is worse when the stomach is empty than after an ordinary meal. It is associated with evidence of derangement of intestinal digestion, as shown by flatulence and irregular action of the bowels, sometimes constipation and sometimes transient attacks of diarrhœa. Having excluded the graver causes for this pain, we must conclude that it is neuralgic and occupies the stomach, and therefore a form of gastralgia.

As to the cause of this; the family history is good, and he has good health until this affection developed. He does not use liquor or tobacco; he has not been overworked, but has gotten into the habit of eating his meals hurriedly. The gastralgia has probably been brought on by this rapid eating.

In the treatment of gastralgia the regulation of the diet is the chief element. The stomach is rarely able to receive and handle enough of food in three meals to support the system; consequently it is important that such patients should take more than three meals in twenty-four hours.

Again the stomach is so hyperæsthetic and the mucous membrane so irritable that unless some digestible substance is in the stomach the acid juices are apt to excite pain, and hence the pain is more marked when the stomach is empty, and the ingestion of food affords relief; so that for this purpose, also, it is desirable to give food oftener than three times a day. Meals of smaller amount, and of extremely simple character, and at shorter intervals, is the rule for the nourishment of gastralgic patients.

The character of the food requires very close attention. In general, it will be found that milk is one of the best ways in which to give nitrogenous and albuminoid food. The starchy foods are, as a rule, well borne, particularly as they do not require much gastric digestion, being digested as you know, by the salivary, intestinal and pancreatic fluids. At times, however, the starchy foods lead to the development of secondary acids in the stomach, in which case it becomes necessary to diminish the amount of starch allowed and increase the amount of skim-milk, the patient being practically placed on an exclusive milk diet for a certain length of time. Alkalies are often desirable, and lime-water mixed with milk is a convenient way of administering these.

I shall recommend for this man the following dietary:

Breakfast.—Soft-boiled egg, oatmeal, bread and butter, and milk with lime-water. Between breakfast and dinner, a glass of milk and lime-water.

Dinner.—Potatoes, bread and butter, and

milk and lime-water, but no meat. Between dinner and supper, a glass of milk and lime-water.

Supper.—Mush and milk, with mush and lime-water to drink.

In selecting the remedies to be associated with this diet, you will be governed by your appreciation of the state of the mucous membrane more than by anything else. If there is no evidence of gastric catarrh, if there is simply the hyperæsthetic neuralgia and anæmic condition of the stomach, iron, arsenic and belladonna may be given at once with confidence, the stomach being sheathed with bismuth taken at proper intervals after eating. Under such circumstances, a pill containing the following might be given:

℞. Quininæ sulph., gr. j.
Acidi arseniosi, gr. $\frac{1}{50}$.
Pil. ferri carb. gr. j.
Ext. belladonnæ, gr. $\frac{1}{10}$.
M. et ft. pil. no. 1.

Sig. To be taken after food, three times a day.

Any of the vegetable salts of iron may be substituted for the pill of the carbonate. In addition to this, ten grains of bismuth should be given two hours later to protect the stomach when most empty.

If there be a catarrhal condition of the mucous membrane, as shown by a coated tongue, distress in the stomach, in addition to the paroxysmal pain and evidences of dyspeptic trouble, we are obliged to adapt our remedies to this condition, postponing the use of antineuralgic remedies until the inflammation of the mucous membrane is relieved. In such cases bismuth with pepsin, dilute mineral acids, carbolic acid, and salts of silver become exceedingly valuable for their antacid, sedative, and alterative properties.

For this patient, having directed a careful diet with alkali, we shall order minute doses of nitrate of silver with belladonna.

Two weeks later, the patient reported much improved, and the pill of quinine, arsenious acid, and iron above given was substituted for the nitrate of silver, the same diet being continued.—DR. WM. PEPPER, *Philadelphia Medical Times.*

THE PERMANGANATES.—DR. BARTHOLOW has recently published an exceedingly interesting and suggestive clinical lecture on the "Physiological Action and Therapeutic Uses of the Permanganates." The lecture, like all of DR. BARTHOLOW'S works, is full of careful investigation, original thought, and logical conclusions, founded upon practical experiments. The objection so often made that the action of permanganate of potash, on account of its being so rapidly decomposed when brought in contact with organic matter, must be feeble and transitory, cannot be maintained, as experiment has fully shown that it exerts a very definite influence on the blood. The theory that the abundance of oxygen contained in the drug must be appropriated by the organic matter in the stomach, and, therefore, cannot act beyond that organ, is disproved by actual results, which clearly show that it produces a marked effect upon the general system.

Permanganate of potash is a general stimulant, as has been shown by RINGER and others; in torpor, anæmia, or deficient activity of the menstrual functions, this drug is particularly beneficial. Thus, in amenorrhœa and dysmenorrhœa, characterized by scanty menstruation and anæmia, it has produced very satisfactory results. Following out the same line of investigation, it has been given with great success in chronic gastric and gastro-intestinal catarrh, accompanied by fermentative changes of the food. Eructations of gas, vomiting of a yeast-like material containing sarcinæ, and an acid fermentation of the starchy and saccharine constituents of the food are often very promptly relieved by this salt. Its beneficial effects are also seen in the catarrhal troubles of the duodenum, involving also the bile ducts, manifested by a muddy or yellow complexion, yellow conjunctiva, and high-colored urine, full of uric acid. The drug, in these conditions, not only checks fermentation of the food elements and relieves the catarrh of the mucous membrane, but promotes oxidation in the tissues undergoing metamorphosis, and while it thus stimulates metabolism helps to consume in the normal way the products of waste. The uric acid which appears in the urine is converted into urea and is thus normally excreted.

Clinical experience in all the troubles for which the drug is recommended by DR. BARTHOLOW, has been found to confirm physiological deductions. Thus the drug is indicated in lithæmia when we wish to influence the catarrh of the mucous membranes and the fermentation of the foods, and also to relieve the insufficient oxidation manifested by an excess of uric acid; in diabetes, when there appears to be an overproduction of glycogen and insufficient oxidation of this material, and especially where the presence of much uric acid in the blood indicates an insufficient supply of oxygen to convert uric acid into urea. In other forms of diabetes, especially of nervous origin, we should expect no beneficial effect from the drug.

DR. BARTHOLOW strongly recommends the drug in obesity and the relief of the disorders of digestion which have a pathogenic relation to this malady, on the ground that the surplus and useless materials which, under existing circumstances, are transformed into fat, are oxidized and consumed and excreted as carbonic acid and water.

The chief constituent of permanganate of potash is undoubtedly active oxygen or ozone, and a portion at least of its wonderful powers as a vital stimulant are due not only to its direct action upon the contents of the stomach, and through the system by its absorption into the blood, but to a certain hypnotic action on the central nervous system, caused, as BINZ supposes, by an impression on the cells of the gray matter, whereby their functional activity is suspended. How much of the action is chemical and how much due to other causes it is difficult to determine, but we are inclined to think its range is broader than indicated by DR. BARTHOLOW, and that in minute doses it will continue to be found useful in those congestive conditions where, in large doses, it would prove an active irritant.

DR. BARTHOLOW recommends the administration of the drug in the form of a pellet or tablet, or dissolved in pure water. It is well to

commence the use of it on an empty stomach in doses of from one to two grains every hour until six grains have been taken. The patient should drink freely of pure water after taking the drug. In gonorrhœa, leucorrhœa and suppurating bubo it has proved an efficient remedy in a solution in recent cases, of two grains to the ounce, and in chronic cases, of five to ten grains to the ounce. In sloughing syphilitic sores, and especially in the early development of chancre, it seems to decompose the poison in the same way as it destroys the toxic power of the snake poison when brought in contact with the recent wound.

Dr. Bartholow has rendered the profession excellent service in the thorough and practical manner in which he carries out his investigation on a physiological and clinical basis. With an intimate knowledge of the physiological action of a drug, it is comparatively easy to adapt its powers to the different conditions of disease.—*New York Med. Times*, April, 1884.

Hydrobromate of Quinine.—From an experimental study concerning the pharmacological action of hydrobromate of quinine, Dr. Tumas (London Medical Record, Dec. 15, 1884) draws the following conclusions: 1. Hydrobromate of quinine markedly arrests alcoholic fermentation as well as putrefaction of blood. 2. Subcutaneous or intravenous injection of small (2½ milogrammes to 1 centigramme per kilogramme of the animal's weight), middling (1 centigramme to 25 milligrammes per kilogramme), and large (3 to 5 centigrammes per kilogramme) doses is immediately followed by a decrease of the arterial tension, the fall being of various degree and duration, according to the dose used. 3. Under small and moderate doses, the pulse increases in frequency, but soon returns to the standard; with large doses, it is retarded from the beginning, the retardation lasting for a prolonged period. 4. The fall of the blood-pressure is dependent upon paresis of the vaso-constricting, and stimulation of the vaso-dilating, nerve-apparatus. 5. Muriate of quinine brings about similar phenomena, but the hydrobromate acts more strongly and for a longer time than the muriate. 6. In moderate doses, hydrobromate of quinine at first slightly increases the frequency of the respiratory movements, but very soon there appears a marked decrease in the number of the latter and in the degree of the respiratory excursions. Repeated injections of a moderate dose, or the administration of a large dose, diminish the frequency of respiration and the degree of respiratory excursions, and finally arrest respiration in the stage of expiration. 7. Hydrobromate of quinine, whatever the mode of its introduction may be, very strongly depresses the excitability of the psycho-motor centres. The period between the stimulation of the psycho-motor centres and the contraction of corresponding muscles becomes twice or three times longer than in the normal conditions. To bring about epileptoid convulsions after an injection of hydrobromate, a stronger electric current is required than before the injection. 8. To produce a certain fall of the blood-pressure, in an animal with "sthenic" fever, a far larger dose of hydrobromate is required than to bring about an equal fall in a healthy animal. On the contrary, in cases of "adynamic" fever, the blood-pressure falls from considerably smaller doses than in a normal animal. 9. Chronic poisoning by hydrobromate of quinine, produced in puppies by means of daily subcutaneous injections of moderate doses for a month, is manifested by loss in weight of the animal's body, general sluggishness, permanent slight decrease of the temperature, diminution of pathic and electric sensibility, and decrease of excitability of the psycho-motor centres.—*Med. Record*, March 14, 1885.

The Action of Paraldehyde.—Dr. S. A. K. Strahan, in the Lancet, writes very favorably of the action of this new hypnotic. As a sleep-producer he ranks it with chloral, while in anything like moderate doses it approaches in safety that safest of all sedatives, bromide of potassium. He has employed it over one hundred and fifty times in about twenty-five cases, and has found but two patients who did not respond to medium doses of the drug. One of these was suffering from acute mania, and the other from severe facial neuralgia. He has given it in mania, acute and chronic, melancholia, dementia, the various stages of general paralysis, and in simple cases of insomnia. Paraldehyde acts more quickly than chloral. When a dose is taken a feeling of warmth, a kind of grateful glow, is experienced, and the patient is often asleep within ten or fifteen minutes. The sleep induced is a nearer approach to natural sleep than that obtained by the administration of any other drug; the breathing is somewhat slower and deeper than in the waking hours, while the pulse becomes slightly less rapid and possibly stronger. The temperature (surface) is not changed, the flow of urine is increased, and the skin is not affected. No headache or other unpleasant symptom is experienced on waking, and the appetite is not injured even by the daily exhibition of the drug for considerable periods in one case for over three weeks.

The dose is from thirty to ninety minims, but more than sixty drops is seldom required to induce sleep; and this, or even a smaller dose, repeated within an hour is much more effective than a single large dose. The paraldehyde is best given as its first administrators recommend; that is, with a bitter tincture in sweetened water. It has a pungent taste, but a drachm, when combined with fifteen drops of tincture of orange and an ounce or more of water sweetened with syrup, makes a not unpleasant draught, never causing nausea or vomiting. The drug is given off principally or wholly by the lungs, and may easily be detected in the breath for ten, twelve or more hours.

There is one advantage which this drug possesses over chloral which at once gives it a place among our most useful hypnotics, and that is the absence of any depressing or paralyzing action of the heart. This permits of its being given with perfect safety to general paralytics and others to whom chloral would only be given with the greatest caution and with constant anxiety as to the result of even small doses.—*Jour. Amer. Med. Asso.*, March 21st, 1885.

ABORTIVE TREATMENT OF TYPHOID FEVER BY MERCURIAL INUNCTIONS.—DR. KALB, of Thalmässing, in the *Berliner klin. Woch.*, No. 3, 1885, reports that he has treated one hundred cases in this way. Mercury is no new medicament—it is only applied in a new way in this fever. Six grammes of the ointment (in children four) are rubbed in for half an hour each time daily for six times in all: 1st, on the belly; 2d, on the inner side of the right thigh; 3d, the left, and then beginning with the abdomen again. The ointment is preferable when a little rancid: it causes less eczema than when fresh. Internally at first a few pills of calomel and opium are given, even when diarrhœa is present. No other medication is resorted to, save methodical use of alcohol (sp. oryzæ), colored with cochineal. The course of the disease under this treatment was mostly as follows: On the eighth day, consequently on the second after the inunctions ended, the temperature fell to normal or thereabout, and remained so. The pulse remains for a few days over 100 or 120, yet it falls with the temperature to normal, or even 60. With the fall of temperature an abundant sweating almost always sets in, and the body is covered with miliary vesicles. The spleen remains enlarged and palpable for ten to fourteen days after this. DR. KALB did not fail to make comparative experiments, and found that the inunction treatment caused an evident shortening of the course of the disease. Eighty-per-cent. of his cases so treated were free from fever in ten days from its beginning. But to be successful, treatment must be begun before the ninth day of the fever, consequently before rose-spots are visible. No stomatitis worth mentioning has ever resulted, and patients recovering so soon must be carefully watched for a fortnight and dietetic errors avoided, so that relapses may be prevented. The charts exhibited show the cases to have been of some severity, as temperatures of 40° and 41° C. (=104° to 105. 8) are registered.—*Edinburgh Med. Journal*, March, 1885.

RAPID ANÆSTHESIA BY ETHER.—DR. A. F. MULLER, in the Medical News of April, 1885, describes a rapid method of anæsthesia free from mal-effects as follows:

"The following method of rapid anæsthesia by ether was suggested to me seven or eight years ago by the thought that the great length of time often consumed in etherizing patients was due to the fact of the frequent interruptions necessary to replenish the cone or towel used for the purpose, and the consequent partial recovery of the patient. To obviate the difficulty and obtain a continuous flow of pure ether vapor, I had made an apparatus, consisting of the two halves of a rubber foot-ball, sewed together at the edges and connected by a tube with a bottle containing ether, which is plunged into a bucket of hot water. Ether boils at 98°, and vapor passes over steadily and rapidly, and is inhaled by the patient, whose face is covered by the inhaler, protected by a clean towel.

The result has been surprising, eighteen cases have been etherized by this method within the last three months at the Germantown Hospital. In none of the cases was there nausea previous to anæsthesia; one at least came to the house the morning of the operation having eaten a hearty breakfast. In most cases no struggling, and if so, only slight; no stage of excitement. In cases that require only a few moments for operation, the patient wakes up nearly as quickly as after nitrous oxide. After the patient is etherized, the amount passing over can be regulated by a stopcock at the bottle end of the tube.

The apparatus I have used is very crude, made only for the purpose of experiment, and I am having an improved one made, which I hope will be more satisfactory in some of its details.

The quantity of ether used to produce complete insensibility in no case exceeded three ounces; in some it was less than an ounce and a half."

DAMIANA.—F. A. EVANS, M. D., in Keystone Medical Journal, thus writes of the above agent: "Damiana, although introduced to the profession but a few years ago by DR. JOHN J. CALDWELL, is really an old remedy in domestic practice. FATHER JUAN MARIE DE SALVATIERRA, a Spanish missionary, reports its use among the Indians, over two hundred years ago, as a tonic to debilitated sexual organs and other weaknesses. The Mormon teachers, who certainly use their reproductive organs more than any other class, find damiana a panacea for their wasted energies. Indeed, it is considered so valuable as a builder up of the sexual powers, that those Mormon roosterly elders take a little with their morning "nip," and go on their way rejoicing. B. F. ULMER, late U. S. Consul to La Paz, Mexico, says the people of Mexico have unbounded confidence in it as a potent remedy for renal and vesical diseases. Damiana seems to act on the basilar portion of the brain, and, in this way, stimulates the reproductive organs. It is a heart tonic to some extent, and, in this way, like cactus, influences the renal organs. It is more efficacious in cases marked by a want of tonicity—atony. In painful menstruation it is always serviceable. In three cases of this kind, treated by fluid extract of damiana (P. D. & Co.'s) each was relieved. I used it in one case of incipient vesical catarrh with marked benefit. In five cases of sexual debility (two of them courtesans) I used successfully the following formula. Each case was entirely relieved in two or three weeks:

℞ Ext. damiana fluidi, ʒ j.
Staphysagria tinct., ʒ ij.
Water, ʒ iv.
M.

—*Eastern Medical Journal*, March 15, 1885.

ABSORPTION OF SALICYLIC ACID.—From time to time, very interesting and important facts are developed in the Biological Laboratory of the University of Pennsylvania. DRS. N. A. RANDOLPH and SAMUEL G. DIXON have recently published a suggestive note on the absorption of salicylic acid (The Medical News, February 14, 1885).

Salicylic acid, rubbed up in a thin paste with olive oil, was applied to the uninjured skin in seven cases of rheumatism. In each of the seven cases, the presence of the drug in the

urine was demonstrated by the ferric chloride test. Existing rheumatic attacks were relieved in six cases; a negative result was obtained in one case.

The constitutional impress of the drug was obtained by application to the axilla, side of the chest, and the affected joint. From the happy result of the application to the inflamed joint, DRS. RANDOLPH and DIXON are inclined to believe that the remedy has a specific local effect.

The drug proved an irritant to the skin in but one case.

The advantages of the exhibition of salicylic acid by the skin are numerous and important. The irritant effect of the remedy upon the gastric mucous membrane, and its disagreeable taste, frequently contraindicate administration *per os*.

This subject is worthy of thorough investigation. Quinine has been exhibited by inunction for a long period of time. Absorption, however, is neither so rapid, nor so certain, moreover, the local action of the drug on the skin is of a highly irritant character.—*Chicago Medical Journal and Examiner*, March, 1885.

NITRO-GLYCERIN IN CHRONIC INTERSTITIAL NEPHRITIS.—ROSSBACH (Berlin Klin. Woch.: Ctrlbl. f. d. ges. Therap.) commends this remedy because of its favorable action in cases of contracted kidney attended with cardiac hypertrophy. He believes that many of the distressing symptoms of chronic interstitial nephritis are directly due to the increased blood-pressure. Now, as nitro-glycerin has a direct tendency to lower this pressure, it follows that it is a most valuable drug in this disease. His method of preparation is as follows: Dissolve about a grain and two-thirds of nitro-glycerin in six ounces of sulphuric ether, and then add two parts of powdered chocolate and one part of gum arabic. Allow the ether to evaporate, and add sufficient water to form a thick paste, which may be poured out into molds. Each troche will contain about a sixtieth of a grain of nitro-glycerin. The dose is one one-hundred-and-twentieth to one sixtieth of a grain every hour. The patient may complain of headache after the first few doses, but tolerance is soon secured.

THE LOCAL USE OF RHIGOLINE.—DR. B. W. RICHARDSON (Lancet) recommends the local application of rhigolene in cases of burns. He makes a saturated solution of spermaceti in rhigolene, and adds camphor to saturation. The mixture is applied to the burn on a piece of cotton. The rhigolene evaporates at once, and leaves a coating of camphor and spermaceti. The relief is said to be almost immediate. Iodine dissolved in rhigolene (five grains to the ounce) is stated to form an excellent spray for ulceration of the throat, or as an antiseptic for foul wounds. The author says that a very useful antiseptic liquid for inhalation may be made by mixing rhigolene with strong ammonia-water, and then decanting the water off. If camphor is added to this solution, a perfect preservative fluid is obtained, in which fresh organs may be placed at once.—*Ind. Ec. Med. Jour.*, Feb., 1885.

THE ADULTERATION OF IODOFORM.—BIEL (Pharm. Centralhalle; Dtsch. Med.-Ztg.) calls attention to the fact that iodoform is frequently adulterated with picric acid, a substance which is poisonous and tends to explode when triturated in a mortar. The latter is easily soluble in alcohol and ether, and has the same melting point as iodoform, as well as its yellow color and crystalline structure, so that it readily eludes detection. The writer says that, if the suspected powder is suspended in water and then filtered, the filtrate should be perfectly clear if the iodoform was pure. If a solution of cyanide of potassium is added to it, a browish-red color will appear if the slightest trace of picric acid is present, and within a few minutes a precipitate of a similar color will be deposited.

THE EFFECT OF THE COLD-WATER COIL.—TZITOVITCH (Centrlbl. f. d. ges. Therap.: London Med. Record) has studied the effects of the cold coil, when applied over the spine, in both healthy and sick persons, and his deductions are as follows:

1. No change of temperature, either local or general, follows the application.

2. The effects upon the circulation are very slight, there being sometimes a fall and again a rise in the blood pressure. A slight change in the frequency of the heart-beats and in their strength was noted while the coil was in place.

3. No change was noticed in the cutaneous electro-sensibility. The results, in short, were quite negative.

EUCALYPTUS AS A SURGICAL DRESSING.—DR. G. F. BEASLEY, in the Journal of Medical Sciences, extols highly the merit of eucalyptus, and especially to those who cannot tolerate the use of carbolic acid. After cleansing the wound with water as warm as can be borne, adjust the parts and pour upon it some eucalyptus mixture, and afterward a layer of marine lint, which is to be kept constantly moistened with the same liquid. This is to be removed as often as may be necessary to keep the wound healthy and free from confined pus, when a new layer is applied as before. The mixture recommended is:

℞ Fluid extract eucalyptus, 2 parts.
Alcohol, 6 parts.

Mix.

NEW CONTRIBUTIONS TO BACILLUS LITERATURE.—As the first literature of the cholera bacillus was in the German language, it seems eminently proper that the first verse in which this microbe figures should also be in that language. Die neue Welt is responsible for the following:

Ein Cholera bacillus sitzt einsam
Im Schiffe auf wogender See.
Er kann sich am Bord nicht vermehren,
Das thut ihm im Herzen so weh.

Er träumt von einer Bacilla
Am fernen Choleraheerd,
Die sich in jeglicher Stunde
Um einige Tausend vermehr

—*Journal Am. Med. Ass'n*, April 4, 1885.

THE ANTISEPTIC SPRAY IN ERYSIPELAS AND BURNS.—VERNEUIL (Bull. gén. de Therap.) exposes the affected parts to a spray of carbolic acid or hydrate of chloral (1 to 100) for several hours daily. In the intervals, compresses soaked in a two-per-cent. solution of carbolic acid are applied. He recommends this treatment, not only on account of the antiseptic properties possessed by carbolic acid, but because of its anæsthetic effect. The histories of a large number of severe cases are detailed, in none of which did any unpleasant symptoms follow the prolonged use of the spray. Only two of the patients died.

THERAPEUTICS OF EPILEPSY.—Two cases of marked improvement of epilepsy after the administration of atropine are reported by DR. MAX WEISS, who declares that this agent is free from the disagreeable effects of the bromine preparations, and is efficient, in small doses, in lessening the force of the paroxysms and increasing the intervals between the attacks. It is useful in small forms of epilepsy. After prolonged administration a decided tolerance is established, so that the dose may be materially increased without causing toxic symptoms.—*Cent. für die Ges. Therapie.—Med. Times.*

JABORANDI IN OBSTINATE HICCOUGH.—PAGENSTECHER (Ctrlbl. f. d. ges. Therap.; Bull. gén. de Thérap.) reports a case of hiccough which had resisted every known remedy, including the bromides, morphine, chloroform, and electricity. The patient's diaphragm contracted in the most violent manner about twenty or thirty times a minute, and he had been unable to take any nourishment for three days. After receiving four grains of jaborandi-leaves, in the form of a decoction, he had a profuse perspiration, after which the hiccough was completely checked.

PHENYLHYDRAZINE.—HOPPE-SEYLER (Ztschr. f. phys. Chem.; Ctrlbl. f. d. ges. Therap.) has experimented with this substance and its salts, and finds that, when introduced into the stomach of rabbits, or injected beneath the skin, they cause a rapid decomposition of the red-blood corpuscles and a setting free of the coloring matter. Very small doses are fatal, their administration being followed by hæmaturia and other symptoms of profound hæmic disturbance.

PEROSMIC ACID IN SCIATICA.—MERCES (Lancet) has employed hypodermic injections of the acid in eighteen cases of sciatica, with complete success in twelve. From three to five drops of a one-per-cent. solution were injected deep in the region of the sciatic nerve, at a point midway between the tuber ischii and the trochanter major. The writer states that neither local nor general disturbance follows the injection. In some cases immediate relief was obtained after prolonged suffering.

SULPHUR FUMIGATION IN CHOLERA DISTRICTS.—TR. TUSON writes, saying that since 1872 he has steadily advocated the plan of disinfection of cholera districts by sulphur fumigation, and credits himself with being the first to initiate this plan of disinfection. In 1882, when cholera was very virulent at Dumdum, sulphur fires were adopted extensively. The disease ceased in a most marvelous manner, and not a single case occurred in the border regiment stationed there.—*London Lancet.*

COCAINE IN ALCOHOLISM.—DR. FLEISCHL, of Vienna, is recently reported to have found in cocaine a rapid and satisfactory cure for alcoholism, morphinism, and allied habits. The nervous symptoms which arise upon either withdrawing the drug abruptly or by degrees are treated by the hypodermic administration of the muriate of cocaine. It is claimed that in ten days a cure may be effected. The dose is from a quarter to half-a-grain dissolved in water.—*Med. Record*, March 21, 1885.

IODOFORM.—TERRILLON (Semaine méd.; Bull. gén. de thérap.) gives the following formula of a preparation which may be safely injected into goitres or enlarged glands:

Iodoform, 15 grains.
Benzol, 2 drachms.
Oil of wintergreen, 2 drops.
Fluid cosmoline (*huile de vaseline*) 3 drachms.

HYDROCOTYLE ASIATICA.—It is well known that this plant is held in high esteem in India as a remedy for skin diseases. According to the Lancet, the powdered leaves are administered in doses of ten grains three times a day. It may be incorporated in an ointment or applied to ulcers in the form of a poultice. Insufflations of the powder are highly recommended in the treatment of ozœna.—*N. Y. Medical Journal*, March 28, 1885.

SIMABA CEDRON AS A REMEDY FOR HYDROPHOBIA.—VALLIANT (Therap. Gaz.) recommends a preparation made from the seeds of this South American tree as a remedy for hydrophobia. The active principle is a bitter crystalline substance, which dissolves in hot water to form a neutral solution. The writer professes to have cured with it two cases of hydrophobia that had already reached an advanced stage of convulsions.

TANNATE OF PELLETIERINE.—SENATOR (Berlin. klin. Woch.; Dtsch. Med.-Ztg.) refers to this salt of a alkaloid obtained from the root of the pomegranate as a valuable tæniacide, although an expensive drug. Its use is followed by fewer general disturbances than that of any other vermifuge. The dose is about twenty grains.

The Medical Age.

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Original Articles.

LECTURES ON PHTHISIS PULMONALIS.

BY E. L. SHURLY, M. D.,*

SUPPLEMENT.

FORMULÆ.—SPRAYS.

℞ Ol. picis liquidæ.
Ol. petrolinæ, ää ʒ ij.
Mix by aid of gentle heat.

℞ Hydrogen perox., ʒ j.
Aquæ font., ʒ iij.
M.

℞ Ol. picis liquidæ.
Sodii bicarbonatis, ää ℈ i.
Aquæ bullient. ʒ xvi.
Mix the first and last, boil a few minutes, add the sodium, allow it to cool, and filter.

℞ Ammonii muriatis, ʒ jss.
Aquæ, ʒ xvj.
M.

℞ Acidi tannici, ʒ j.
Acidi carbolici, gr. v.
Aquæ, ʒ viij.
M.

℞ Ext. hamamelis virg. fl.
Glycerini, ää ʒ j.
Mix and shake well.

℞ Ferri et alum. sulph., ℈ j.
Aquæ, ʒ viij.
M.

℞ Vini ipecacuanhæ, ℈ jv.
Aquæ, ʒ vijss.
M.

℞ Creasoti, ♏ xxjv.
Aquæ, ʒ xvj.
M.

℞ Iodoformi, gr. lxxx.
Etheris sulph., ʒ ij.
M.

℞ Tinct. iodinii, ♏ xl.
Potassii iodidi, gr. xl.
Aquæ, ʒ viij.
M.

℞ Aluminis, ℈ ij.
Acidi carbolici, gr. xl.
Aquæ, ℥ j.
M.

PIGMENTS.

℞ Argenti nitratis, ℈ ss.
Glycerini.
Aquæ, ää ℈ jv.
M.

℞ Argenti nitratis, ʒ j.
Glycerini, ʒ iv.
Aquæ, ʒ ij.
M.

℞ Acidi tannici, gr.
Glycerini, ʒ j.
M.

℞ Aluminis, ℈ ss.
Glycerini.
Aquæ, ää ℈ jv.
M.

POWDERS FOR INSUFFLATION.

℞ Acidi tannici, ℈ ss.
Sacch. alb., ʒ j.
M.

℞ Iodoformi.
Acidi tannici, ää ℈ jv.
M.

℞ Bismuthi subnit., q. s.
Hydrarg. chloridi mitis, ʒ j.
Sacchar. alb., ʒ j.
M.

℞ Morphinæ sulph., gr. xvj.
Iodoformi, ʒ j.
M.

INHALANTS.

℞ Creasoti, ℈ j.
Tr. lupulin, ʒ iv.
Tr. benzoin. comp., ad. ʒ xj.
M. Sig.—Teaspoonful in a pint of water.

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℞ Creasoti, gtt. x.
Aquæ bullient., ℥ viij.
M. Sig.—Inhale immediately.

℞ Tr. iodinii, ♏ xl.
Aquæ font., ℥ viij.
M. Sig.—Teaspoonful in a pint of hot water.

℞ Acidi carbolici, ℥ j.
Tr. iodinii, ℥ jv.
M. Sig.—Ten drops in a pint of hot water.

℞ Ol. terebinth., ʒ ss.
Magnes. lev., ℥ j.
Aquæ bullient., ℥ viij.
M. Sig.—Teaspoonful in a pint of hot water.

℞ Ext. yerbæ reumæ fl.
Ext. droser. rotund. fl, ää ℥ ij.
M. Sig.—Teaspoonful in a pint of hot water.

℞ Chloroformi, q. s.
Sig.—Ten drops in a pint of hot water.

℞ Tr. benzoini co. q. s.
Sig. Teaspoonful in a pint of hot water.

℞ Amyli nitritis, ʒ iij.
Spts. rectif., ʒ viij.
M. Sig. Teaspoonful in a pint of hot water.

℞ Ol. juniperi, ʒ j.
Mangnes. lev., ʒ ss.
Aquæ font.; ℥ viij.
M. Sig. Teaspoonful in a pint of hot water.

℞ Thymol, gr. xx.
Spts. rectif., ʒ iij.
Magnes. lev., gr. xx.
M. Sig. Ten to 20 minims in a pint of hot water.

FORMULÆ OF INHALATIONS TO BE USED WITH THE SEMPLE INHALER.

℞ Ol. petrolinæ, ℥ ij.
Tr. benzoini co., ℥ j.
Evaporate the alcohol from the tincture by aid of gentle heat, then mix with the oil and filter.

℞ Ol. petrolinæ, ℥ ij.
Ext. yerb. sant. fl., ℥ j.
Prepare in same manner as above.

℞ Chloroformi.
Ol. petrolinæ, ää ℥ j.
M.

℞ Ol. eucalypt., ʒ j.
Ol. petrolinæ, ℥ j.
M.

℞ Ol. picis. liquidæ, ℥ j.
Ol. petrolinæ, Oj.
M.

FORMULÆ OF TONIC AND RECUPERATIVE AGENTS.

℞ Salicin, ʒ j.
Ext. malti, ℥ vij.
Spts. frumenti, ℥ v.
Ol. gaultheriæ, gtt. iv.
M. Sig. Tablespoonful three or four times a day.

℞ Salicin., ʒ j.
Calc. hypophos., gr. xl.
Ext. malti, ℥ vij.
Spts. frumenti, ℥ v.
Ol. gaultheriæ, gtt. v.
M. Sig. Teaspoonful three or four times a day.

℞ Codeiæ, gr. iij.
Salicin, ʒ j.
Calc. hypophos., gr. xl.
Ext. malti, ℥ vij.
Spts. frumenti, ℥ v.
Ol. gaultheriæ, gtt. v.
M. Sig. Tablespoonful three or four times a day.

℞ Sol. iodinii co. (LUGOL'S), ʒ ij.
Ext. malti, ℥ xij.
Aq. cinnamomi, ℥ iv.
M. Sig. Tablespoonful three times a day in water.

℞ Calc. hypophos., gr. xx.
Sod. hypophos., gr. xv.
Ext. malti (HOFF'S or WYETH'S), ℥ xvj.
M. Sig. Wineglassful three times a day.

℞ Cinchonidiæ sulph. ʒ j.
Syr. yerb. sant., ℥ jv.
M. Sig. Teaspoonful every four hours.

℞ Ac. phosphorici dil., ʒ iv.
Ferri pyrophos., ʒ j.
Ol. gaultheriæ, gtt. j.
Aquæ,
Syr. tolutan., ää ℥ ij.
M. Sig. Teaspoonful every four hours.

℞ Ferri arseniatis, gr. j.
Quin. sulph., gr. xx.
Ext. digitalis, alc, gr. jv.
M Ft. pil vel cap. No. 16.
Sig. One three times a day.

℞ Pil. quin. co. (P., D. & Co.).
Sig. One three times a day.

℞ Pulv. albumin. ovi., ℥ viij.
Calc. hypophos., ʒ ij.
M. Bene S. Dissolve a teaspoonful in a

wineglassful of warm water, and take three times a day, one hour before meals.

℞ Tr. opii., ℥ ij.
Tr. pruni virg.
Tr. cinchon. co.
Tr. cardam. sem.
Spts. frumenti, ää ℥ iv.
M. Sig. Tablespoonful three times a day.

℞ Auri et sod. chloridi, gr. jss.
Tr. ferri chloridi, ℥ v.
Glycerini, ℥ ij.
Aq. fontan, q. s. ad ℥ iv.
M. Sig. Teaspoonful three times a day.

℞ Calc. hypophosph.
Ferri phosph., ää gr. x.
M. F. chart. No. 20.
Sig. One every hour or two between two pieces of bread.

℞ Ferri citrat., ʒ j.
Liq. ammon. acet., ℥ iij.
M. Sig. Teaspoonful every two hours.

℞ Ext. xanthoxyli fl., ℥ j.
Syr. senegæ co., ℥ iij.
M. Sig. Teaspoonful every four hours.

Potassium or ammonium iodide may be added to above.

℞ Iodoformi, gr. xij.
Ext. nuc. vom. alc., gr. v.
Mass petrolei, ℥ j.
M. Ft. cap. No. 20.
S. One three or four times a day.

℞ Ol. eucalypti, ℥ iij.
Magnes. carb., gr. x.
Pulv. acaciæ, q. s.
Aq. fontan., ℥ jv.
M. S. Teaspoonful every two or four hours.

℞ Emul. ol. eulachon.
Tablespoonful three times a day.

℞ Emul. ol. eulachon. cum. calc. hypophosph.
S. Tablespoonful three times a day.

℞ Emul. ol. morrhuæ.
S. Tablespoonful three times a day.

R Emul. ol. morrhuæ, cum. calc. hypophosph.
S. Tablespoonful three times a day.

EXPECTORANTS AND ANODYNES.

℞ Ammon. iod., ℥ iss.
Syr. prun. virg., ℥ ij.
Syr. tolutani,
Tr. opii camph., ää ℥ i.
M. S. Teaspoonful every two or four hours.

℞ Codeiæ sulph., gr. jv.
Syr. glycyrrhizæ,
Syr. tolutani, ää ℥ j.
M. S. Teaspoonful every two or four hours.

℞ Ammon. carbon. ℥ ij.
Syr. senegæ, ℥ i.
Aq. fontan., ℥ iij.
M. S. Teaspoonful every two or four hours.

℞ Fl. ext. scutellariæ, ʒ ij.
Fl. ext. cannab. ind., ℥ jss.
Syr. tolutan, ℥ jv.
M. S. Teaspoonful every two hours.

℞ Morph. sulph, gr. j.
Syr. limonis, ℥ ij.
Syr. scillæ,
Syr. pruni virg., ää ℥ j.
M. S. Teaspoonful every four hours.

℞ Troch. lobel. Co. (Hancock's or Wyeth's)

℞ Ammon. mur., gr. j.
Ext. lobeliæ alc., gr. 1-10.
Codeiæ, gr. 1-20.
Ext. glycyrrhizæ, gr. j.
In each lozenge.

℞ Chloral. hydrat.,
Potass. bromid., ää ʒ iij.
Aq. menth. pip.,
Syr. sarzæ. co., ää ℥ jv.
M. S. Two teaspoonfuls every four to six hours.

HEMOPTYSIS.

℞ Ergotin. (aq. ext.), ʒ i.
Ext. hyoscy. alc, gr. iij.
M. Ft. cap. No. 20.
S. One every three hours.

℞ Acidi gallici, ʒ iss, ℥ iij.
Spts. rectif., ℥ ss.
Glycerini, ℥ iijss.
M. S. Teaspoonful every two hours.

℞ Plumbi acet., gr. xxjv.
Pulv. opii., gr. xij.
M. Ft. chart. No. xii.
S. One every four hours.

℞ Ol. terebinth, ℥ i.
Muc. acaciæ, ℥ iij.
Ol. gaultheriæ, ♏ij.
M. S. Teaspoonful every hour with water.

℞ Liq. ferri. persulph.,
Glycerini, ää ℥ ss.
M. S. Ten drops every hour if necessary.

℞ Pepsin. concent., gr. xx.
Ac. hydrochlor. dil., ʒ ij.
Aq. Menth. pip., ℥ jv.
M. S. Teaspoonful three times a day.

DIARRHŒA.

℞ Svapniæ, gr. v.
Bismuthi s. nit., ʒ i.
Ac. tannici, gr. xij.
M. Ft. chart. No. 12.
S. One every hour or two.

℞ Ac. tannici, ʒ i.
Spts. rectif., ℥ i.
M. S. Ten drops every hour.

℞ Gum camphoræ, gr. xxv.
Etheris, sulph., q.s.
Pulv. opii., gr. xx.
M. Ft. pil. No. 20.
S. One every two to four hours.

℞ Argent. nit., gr. ij.
Pulv. opii, gr. viij.
M. Ft. pil. No. 8.
S. One every four or six hours.

MISCELLANEOUS.

℞ Hydrarg. protiodidi, gr. v to x.
Cinchonid. sulph, gr. xv to xx.
Ext. gent. alc., q. s.
M. Ft. cap. No. 20.
S. One three times a day.

FRACTURES OF THE FORE-ARM.

BY E. A. KELLEY, M. D., OMAHA, NEB.

Taken in the field of legitimate surgery, it is a well-established fact that injuries of the most common occurrence, such as fracture of the fore-arm and violence to the wrist-joint, are most often carelessly managed, and their treatment frequently becomes the subject of judicial inquiry.

Deformity and loss of symmetry in the part at the conclusion of treatment provokes dissatisfaction, particularly when loss of function coexists. The normal structure of the fore-arm, and the complex movements required of its mechanism in conjunction with the wrist and hand, serve to complicate treatment and thwart satisfactory results. Theoretical discussion of the causes of deformity, the tissues involved, and the appropriate nomenclature of a given case of fracture, has of late years given way to the more practical issue, "rational treatment."

Of all causes which have contributed to the production of stiff wrists following COLLES' fracture, I am thoroughly convinced that "non-reduction" is the most common.

With the orthodox "pistol-splint," supplemented by the initial roller bandage, such a result seems reasonably certain.

By the term "non-reduction," I seek to signify the displacement which recurs during the application of retentive apparatus, and is perpetuated by faulty forms of dressing.

While this fundamental error is especially prone to occur in the treatment of COLLES' fracture, we shall likewise find it in other fractures of the bones of the fore-arm. If we investigate general methods of treatment more closely, we shall discover that the chief fault rests with the apparently harmless roller instead of the rigid materials out of which the splints are made. When the roller-bandage is snugly applied to a flattened surface such as the wrist and lower fore-arm where the bones are so closely sub-cutaneous, its pressure naturally tends to crowd them together, and in case of fracture, necessarily displaces the fragments.

If, on the contrary, the initial roller is not employed, *unless the greatest care be taken in adjusting the splints*, the position of the hand at semi-pronation resting in a sling, brings the axis of the radius vertically over the ulna, thus favoring sagging at the seat of the fracture, and consequent deformity.

In the MEDICAL AGE, of March 10th, there was published an article from DR. CHARLES DOUGLAS, of the Michigan College of Medicine, entitled "Fracture Dressings," in which a new form of plaster-of-Paris splint is recommended for the treatment of fractures in the fore-arm.

Having had considerable experience in the surgical use of plaster-of-Paris, the subject is one of special interest to me, and with all due courtesy to DR. DOUGLAS, I question both the efficacy and safety of his dressing.

For a description of the splint and its method of application, I will refer the reader to the MEDICAL AGE, No. 5, current volume.

Taking into consideration the composition and mechanism of the splint, some of the claims made for it, and conclusions arrived at, seem quite extravagant and practically impossible. For instance, when the splint is finished, DR. DOUGLAS says: "The patient is now *free from all pain, and will continue so until union is complete*, except a feeling of tightness, which is present when the swelling is greatest. This, if severe, I relieve by a few doses of morphine."

For the past eight years I have employed the various forms of "fixed dressings," and am an advocate of their *immediate* application in fracture cases, but I have never succeeded in "totally abolishing" pain from the case, nor in measurably reducing the swelling and tightness by the use of morphine.

Again, DR. DOUGLAS says: "After the first week or ten days, the plaster may be broken off as far as the wrist-joint, and thus leave the patient free use of the hand, avoiding in great measure the stiffness of the joint common to close confinement." In the succeeding paragraph it is claimed that: "The perfect co-aptation of the plaster prevents contraction of the muscles, by allowing them no room to bunch up in such contraction." Besides the dangerous practice recommended in thus isolating an intermediate portion of the forearm for constriction with a rigid envelope, I fail to understand how "*free use of the hand*" can be accomplished *without* contraction of the muscles.

In the paragraph next preceding his description of the plaster-of-Paris splint, the assertion is made that: "All appliances that have been used or recommended involve more or less movement of the limb, and consequent liability to displacement of the fracture during their application," and further on, "that there is no one of the dressings in use that will hold the fractured bones in place perfectly till union is effected." In still another place he states that "bandages are a necessary part of every dressing used." To demonstrate my reasons for disagreeing with DR. DOUGLAS upon both of the above points, I will present a form of "fracture-dressing" that I have used for some years, which will readily prevent displacement, which is applicable to any fracture of the extremities, and no part of which is composed of roller-bandages. The apparatus referred to is "the Bavarian plaster-of-Paris splint," a description of which, together with the wood-cuts, are herewith presented.

The necessary materials are a sheet of cotton-wadding, a yard or more of woolen flannel, some clean warm water, and a good article of plaster-of-Paris. If a fore-arm is to be dressed, measure from the fold at the elbow to a point one inch beyond the finger-tips, and cut two pieces of flannel of this length; place one upon the other and stitch them together down the centre by two parallel seams half an inch apart.

The narrow strip between the seams is thus designed to form a hinge for the finished splint. To obtain the necessary width of cloth on either side of the seam, measure from the ulnar margin of the hand to one inch beyond the tip of the thumb when extended.

Having thus prepared the flannel, cut a single thickness of the cotton-wadding of the same size, for a lining to the splint.

Reduce the fracture, place the hand at semi-pronation, and spread the flannel upon a flat surface beneath the limb, in such a position that the hinge shall be directly under the ulna and little finger: place the cotton upon the flannel and let the limb down upon it. While an assistant keeps up extension, take up from either side the top layer of flannel, together with the cotton, and enclose the parts by pinning the cloth together on a line along the crest of the radius, the centre of the thumb, and over the tips of the fingers: the flannel should be drawn up snugly, forming a neat glove-like covering for the fore-arm and hand, with the thumb extended.

Along this line run a seam with ordinary sewing thread, remove the pins and trim off the redundant flannel to within an inch of the seam, as shown in "Fig. 1."

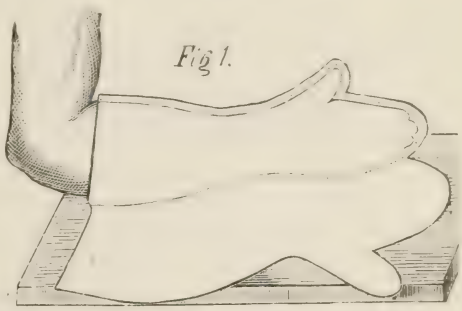


Fig 1.

We are now ready for the plaster-of-Paris paste, which shall be made of the consistence of cream. An assistant dips it with a cup and pours on the surface, while the operator rubs it evenly over the glove-covering and out over the adjacent flat surface of flannel; the latter is then brought up and neatly moulded to the thumb.

While the assistant holds it thus, the operator places a flat hand on either side opposite the seat of fracture, keeping up extension and pressing upon the inter-osseous space until the the plaster has set.

The comb or crest may now be trimmed to within half an inch of its base, and the splint is complete, as seen in "Fig. 2."

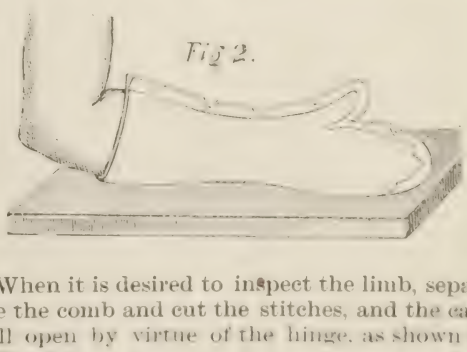


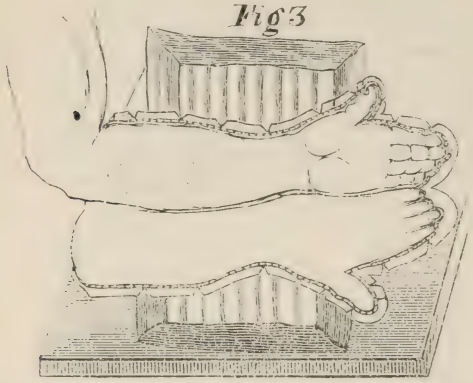
Fig 2.

When it is desired to inspect the limb, separate the comb and cut the stitches, and the cast will open by virtue of the hinge, as shown in "Fig. 3."

With the limb resting on either lateral surface, the top-most half of the cast may be turned back, while the opposite one supports the parts and maintains extension and counter-

extension. When the necessary inspection is finished, the splint may be securely fastened again with a few strips of tape.

Fig 3



For the treatment of fractures in the forearm, the "Bavarian Splint" presents three features of marked superiority: first and foremost, is the certainty of accurate adjustment of the fracture *during* the process of application; secondly, the close apposition and uniform thickness of the envelope, reproduces the contour of the limb, allowing outside inspection of its angles, curves and axial-lines: thirdly, its hinged mechanism affords easy access to the parts, without shifting the fragments, and disturbing the process of repair.

MICHIGAN STATE BOARD OF HEALTH.

The annual meeting of the Michigan State Board of Health was held at its office in Lansing, Mich., April 14, 1885.

The members present were JOHN AVERY, M. D., President; ARTHUR HAZLEWOOD, M. D., C. V. TYLER, M. D., PROF. V. C. VAUGHN, M. D., and HENRY B. BAKER, M. D., Secretary.

This being the annual meeting, the president's address was the first order of business. The president said that he had prepared no formal address. He thanked the members for the many courtesies shown him during his administration. He had no change of policy to recommend to the Board; no marked change, he thought, is desirable. The work is well understood, and is in a satisfactory condition. The Board must be governed somewhat by emergencies, as they arise. He could congratulate the Board on what it had achieved. He thought it would be wise to continue holding sanitary conventions in different places in the state. He spoke of the probable advent of Asiatic cholera, and thought that it might tax the Board to its utmost. The Board had done all that it could to prepare to resist the disease, but should be ready for further action. If the bill before the legislature becomes a law, the duties as well as the powers of the State Board of Health to prevent and restrict that disease will be increased. It would be desirable to continue to advise police regulation in cities, adapted to prevent unsanitary conditions and the introduction or spread of cholera; and the health officers of cities, villages and townships of the state,—especially as they are just now being changed, many being entirely new in that office—should be instructed in regard to their duties.

The secretary read a report of the work of the Office during the past quarter. Of the 760 pages of copied letters sent out, 153 pages were modified circular letters to local health officers, in regard to prompt action to restrict contagious diseases. In connection with those, about 10,000 copies of the documents on the restriction and prevention of certain contagious diseases, and on the duties of health officers, have been sent to health officers for distribution to neighbors of families in which such contagious diseases have been reported. Since the last meeting of the Board, the out-break of small-pox at South Boardman had been suppressed. During the last quarter, there had been one case of small-pox at East Saginaw, two cases in Grand Rapids (confined to one house), the first of which was a commercial traveler, who thinks he was exposed on the train between Boston and Grand Rrpids. About the time he was exposed it is known that a man having small-pox passed through Michigan, on the Michigan Central railroad, from Ontario to Chicago, *en route* for Manitoba. At Battle Creek there have been four cases, with one death, from small-pox, the contagium of which is supposed to have come from a brakeman on the Chicago and Grand Trunk railroad, who stopped with a family in Battle Creek while he was slightly sick, and who thinks he contracted the disease on the train near Chicago. Two members of this family in Battle Creek visited friends in Bellevue, in Eaton County, and small-pox broke out in the family in which they stopped. Five cases and one death have occurred there: but thus far the disease at Bellevue has been confined to the one family. All members of the family were vaccinated with virus on points from Fond du Lac, Wisconsin, as soon as it was known they had been exposed; but in three cases the vaccination did not work. In one case in which the vaccination worked, the person has shown no symptoms of the disease.

At the last meeting of the Board, the subject of proposed legislation relative to diseased animals, and relative to a standard for milk, had been referred to the committee on legislation and diseases of animals, jointly. The secretary reported that considerable time and care had been devoted to the perfecting of three bills relating to those subjects, which had been in-

troduced into the house of representatives this session.

DANGEROUS ILLUMINATING OILS.

The secretary reported that during this session of the legislature there had been considerable lobbying to get the legislature to lower the standard test for dangerous oils, and to do away with the use of the tester adopted and recommended by this Board. The claim of the lobbyist, who came to this office, was that the change was wanted in the interest of manufacturers of small quantities of oil, who, he claimed, could not now compete with the Standard Oil Company. Just how lowering the test would favor those particular oil manufacturers more than it would the Standard Oil Company, he did not make clear. It has been rumored here that the reason for changing from the tester now used, was to enable a dealer in a patent apparatus to sell his tester; but as this change is advocated by the same person who is laboring for a lowering of the test, it seems more reasonable to believe that the main reason is that the proposed apparatus does not detect the explosive vapor at so low a degree of temperature as does the present tester. From experiments it seems that simply by the proposed change in the tester, the standard would be lowered about ten degrees. A committee was appointed by the Sanitary Convention, held at Lansing, March 19 and 20, to consider this subject. The committee consisted of FRANK WELLS (ex-President of the Michigan Pharmaceutical Association), chairman; H. D. BARTHOLOMEW, C. E. (ex-City Engineer), and PROFESSOR DAVID HOWELL, Superintendent Lansing City Schools. April 2, this committee went before the Senate Committee on State Affairs, and gave a verbal account of the results of their investigation, which was, in brief, that the test ought not to be lowered; that the "FOSTER Cup" was unreliable and ought not to be substituted for the Michigan State Board of Health tester; that if substituted for the Michigan State Board of Health tester, it was equivalent to lowering the test by about ten degrees.

By a vote of the Board this report concerning illuminating oils was ordered published, together with a resolution to the effect that there is not now sufficient evidence of the safety of such illuminating oils to warrant the lowering of the test now required for illuminating oils in this state. This resolution was adopted unanimously.

The secretary read the report to this Board by Surgeon GEORGE M. STERNBERG, U. S. Army, now at Johns Hopkins University, on his experiments on lower animals in feeding and in making injections of culture-fluids of poisonous cheese with the view to learning the nature and source of the poison.

DR. VAUGHAN made a verbal report of his clinical experiments with poisonous cheese. He had certainly secured in a crystalline form a small quantity of one poison from poisonous cheese which would produce in man symptoms common to cheese-poisoning. There might be other poisons in poisonous cheese. He had not yet fully studied the poison he had obtained. It gave reactions like those of a ptomaine. It was probable, he thought, that butyric acid had something to do with the sickness caused by cheese; there are different kinds of butyric acid, and the odor of rancid butter would not prove the absence of butyric acid.

The subject of sanitary surveys of premises in cities and villages was thoroughly discussed. It was thought best that the blanks used should be uniform, but that each city or village should provide its own blanks. The committee was directed to make a sample blank to be recommended for such work, and be sent with a resolution which was adopted as follows:

Resolved, That the Michigan State Board of Health earnestly recommends to the boards of health of the cities and villages of Michigan that they make a sanitary survey of the territory under their jurisdiction, on blanks of which a sample is sent herewith; and to adopt such measures as the sanitary surveys may prove to be necessary to place the cities and villages in a good sanitary condition.

Upon ballot for president of the Board for the ensuing term of two years, DR. JOHN AVERY, of Greenville, was re-elected.

It was decided to demand from health officers of all villages weekly reports of sickness under their observation.

Under the law requiring the approval by this Board of text-books on physiology and hygiene and the effects of alcohol, etc., before they are used in the schools of the state, the Board approved the following named books: Elementary Physiology and Hygiene; The Human Body and its Health; A Text-book for Schools, Having Special Reference, etc, by WILLIAM THAYER SMITH, M.D.

The following named books were conditionally approved for use in the schools, with the qualification that they contained errors which should be corrected:

Practical Work in the School Room. Part I. The Human Body. By SARAH F. BUCKELEW and MARGARET LEWIS.

The Essentials of Anatomy, Physiology, and Hygiene. A Text-book for Schools and Academies. By ROGER S. TRACY, M. D.

DR. VAUGHAN reported that he had attended the meeting of the State Dairymen's Association at Grand Rapids, as a delegate of the Board, and talked to the meeting on the subject of cheese-poisoning, especially in regard to his discovery of the poison.

DR. VAUGHAN also gave an account of the

work of the committee on disinfectants, appointed by the American Public Health Association. He is a member of the committee, and as such has done considerable work, and had attended a meeting of the committee in Baltimore. He thought the report of the committee when published in full would be a very valuable document in practical public health work. The preliminary report of the committee is just published.

Correspondence.

PNEUMONIA AND CLIMATIC CONDITIONS.

The general health in this county during the past winter has been unusually good. There has been no prevalence of contagious diseases of any kind, except early in the winter, when there were a few cases of diphtheria—perhaps a half-dozen in all. Three of those terminated fatally. Typhoid fever did not prevail to the same extent that it did during the few preceding years; and the almost total absence of pneumonia during the past winter is very remarkable. I have treated only two cases of pneumonia during this season. They were in children who were about six years of age. A friend of mine, a very prominent physician, remarked to me the other day that he had treated only one case of the disease this winter. We have had an unusually severe winter, more than the average amount of snow and but little rain fall. We had almost no rain from the last of December until the first of April. The snow went off without rain. The weather was quite pleasant during the day, after the snow began to melt, and quite cold at night. By the time the frost was out of the ground, the roads were dry and solid.

I can only account for the almost entire absence of pneumonia by the very limited amount of damp weather. People certainly exposed themselves as much or more than they ordinarily do. There were a few days of mild weather in January, during which time an endemic of bronchitis prevailed amongst small children. In most of these cases the symptoms were well marked, and the temperature frequently ran up to 103° F.; sometimes to 104° F. So far as I know there were no fatal cases.

Now, is there not an argument in the above in favor of the theory of pneumonia being a constitutional disease which is caused by a peculiar condition of the atmosphere, humidity being one of the essential conditions? If it is a local disease caused by exposure to cold, we certainly had the necessary conditions here this winter to have produced any amount of it. But perhaps the most probable theory is that it is caused by bacteria which only exist under certain peculiar conditions of the atmosphere.

C. Barlow, M. D.

Eaton, Ill.

SYRUP OF YERBA SANTA AS A DISGUISE FOR QUININE.

My attention was arrested by a short article under the head of editorials in the Medical Age of April 10th, stating that honey is one of the best disguises of the taste of quinine. Honey is, no doubt, good when there is nothing better at hand to give the quinine in, but there is a preparation that will completely disguise the taste of it, and that is syrup of yerba santa. A teaspoonful of this preparation will make twelve grains of quinine as easy to take as that much honey without the quinine. It is a preparation I have been using for years whenever I give quinine in a liquid form. It is made by taking one ounce of the fluid extract of yerba santa and mixing it with three ounces of simple syrup. The preparation itself is good to give in anæmia and all wasting diseases; hence the value of the quinine may be increased by the combination.

T. H. Line, M. D.

Marquette, Neb.

A correspondent signing himself "An Eclectic" sends us a lengthy communication, the text of which is the question "What is an eclectic?" We should have been pleased to publish it in full had the writer not digressed so much. In his digression he informs us what an "allopath" is, in his opinion. We presume our readers are tolerably familiar with the attributes of the genus "allopath," although their conception of him may not in all cases quite tally with that of "An Eclectic." The eclectic, according to our correspondent, is an independent man, bound down by no creed, and free to choose from any and all of the various so-called schools of medicine. He has no rule of prescribed ethics, his chief concern being rather the welfare of his patient than the feelings of his fellow practitioner. According to this definition our conception of the eclectic has always been the correct one, and we fail to discover any essential difference between him and the "regular," who is an eclectic in the most comprehensive sense of the term. The only partition-wall between them is the somewhat artificial structure known as the "Code." Perhaps when the time comes in which the code is regarded as having been made for the physician, rather than that he is made for it, "eclectics" and "regulars" will cease to be distinctive names. So mote it be.

The Medical Age.

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JOHN J. MULHERON, M. D., Editor.

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Editorial.

TRYPSIN AS A SOLVENT OF DIPHTHERITIC PSEUDO-MEMBRANE.

While fully developed diphtheria is by no means a local disease, whatever it may be at the outset, the necessity of some agent which shall relieve its local manifestations is conceded by those most pronounced in their opinion that the disease is of a constitutional nature and origin. Without touching on the disputed ground, whether the pseudo-membrane is the disease *per se*, or merely the local expression of the constitutional involvement, it is safe to say that besides being a source of danger from its mechanical obstruction, the membrane becomes in a short time a focus of fresh infection. The desirability of getting rid of it has thus been always recognized, and no theory touching the nature of the affection has ever diminished the popularity of local medication. The agents which have from time to time been employed to this end, are numerous and quite suggestive of the conceptions of the pathology of the membrane which have obtained. Fortunately the days of barbarous use of the stronger caustics, *e. g.*, fuming nitric acid, are past, the profession having found by experience that the dictates of humanity and the facts of science quite harmonize on the question of their employment. Any substance which is strong enough to destroy by chemical action the false membrane, cannot but do mischief to the contiguous and subjacent parts. The desideratum is a remedy which, through an action akin to physiological, acts on the pseudo-membrane, decomposing it without affecting the normal tissue. Alkalies have been resorted to with this object, and for a long time, extending even up to the present, the bicarbonate of sodium has been freely applied to the throat of the patient. The results have, however, not been satisfactory, and any agent equally unirritating, whose solvent action is demonstrable, will be accorded a full trial. Such an agent we are now said to have in trypsin—a physiological substance which, by its inherent vitality, is said to accomplish quickly and without harm, the work which a chemical agent can accomplish only by a destruction that cannot be practically limited or controlled. In a paper in the Medical Record, of 7th ult., DR. HENRY DWIGHT CHAPIN, of the Children's Department of Bellevue Hospital, details his experiments with this ferment, and the results are certainly such as warrant others in subjecting it to a trial as a local application in diphtheria. In the MEDICAL AGE of 25th ult., DR. C. G. JENNINGS, of this city, also bore testimony to the value of this treatment of the diphtheritic pseudo-membrane, he having suggested the use of pancreatic extract, the active principle of which is trypsin. DR. CHAPIN gives his preference to a solution the strength of four grains to the ounce of alkaline solvent, applied by means of the spray producer. The solution of trypsin acts more quickly than that of pancreatic extract.

The important question, whether a trypsin solution can be utilized to the solution of the membrane as it forms in the larynx, has not yet been solved. On the answer to this question depends whether tracheotomy shall continue to be the *dernier ressort* in laryngeal diphtheria. DR. CHAPIN has had only one opportunity of testing its efficacy. By means of the instrument illustrated above, he was able to apply the spray to the parts, but as the child was moribund when the experiment was made, the efficacy of the treatment was not fairly tested. When the nozzle of the ordinary hand-spray (the steam-atomizer being quite out of the question) was inserted into the child's mouth, it caused gagging, and when the tongue rises it comes in contact with the orifice and immediately stops the spray. The instru-

ment, which he had made by TIEMANN, has a rounded nozzle that can be thrust into the mouth without doing harm, while a projecting depressor, reaching nearly to the tip, serves to keep the tongue out of the way. By means of a double bulb, or possibly at times by compressed air, a continuous downward spray is maintained, thus filling the pharynx and larynx with a trypsin solution of sufficient strength to penetrate all parts.

THE POSTPONEMENT OF OLD AGE.

It has been the dream of the ages to discover a something through which the penalty of death might be suspended. The moment we begin to live that moment we begin to die. That is the experience of the race, but at no time has man been content to philosophically accept the fact, and the desire for an elixir of life is innate and unquenchable. The Rosicrucians, the Alchemists and Pons de Leon were the prototypes of the modern man. Modern science has convinced us of the absurdity of the hope that man may be made to live indefinitely, but it has not been able to quench the desire. It has, however, shown us that we might live longer than we do, and, doubtless, the average of human life will be increased for many of the centuries immediately following our own. The conditions of longevity are becoming better and more universally known, and the facilities for observing them are becoming more generally attainable.

DR. S. W. CALDWELL has an able paper on this subject in the Mississippi Valley Medical Monthly, for March, in which he intimates that the dreams of the searchers after the elixir of life were not absolutely baseless fabrics. Our greater familiarity with the characteristic physical changes incident to old age, and our knowledge of means whereby these changes may to an extent be averted, have combined to engender the hope that men may yet be made to live to such an age as to make the reported years of the antedeluvians seem less fabulous than they now appear. The researches of DR. WILLIAMS, of England, are quoted to show that man commences in a gelatinous and ends in an osseous or bony condition. After passing middle age the ossific tendency becomes more markedly developed until it finally ushers in senile decrepitude. These earthy deposits during old age materially interfere with the due performance of function by the organs; hence we find imperfect circulation in the aged; the heart gradually becomes ossified; the large blood-vessels blocked up with calcareous matter, and nutrition hindered. This process of ossification consists in the concretion and accumulation of calcareous salts, phosphates, and carbonates of lime. But besides this tendency to ossification, and perhaps a step towards it, we have the formation of fibrinous and gelatinous substances.

These marks of senility having, therefore, been recognized, what has science taught us in the way of preventing or getting rid of them? Calcareous deposits are believed to be aggregations of particles of matter taken into the system with the water we drink and the food we eat. Water is a great solvent, and in its passage through various soils it takes up freely of the salts which they contain. These salts are deposited in certain tissues, and in the course of years the deposit becomes so abundant as to be noticeable. The remedy against deposits from this source is to drink water which holds none of these salts in solution. The only natural water which is free from them is rain-water. By drinking rain-water not only is a deposit guarded against, but the solvent action of the pure water can be depended on to dissolve such calcareous deposits as are made from the food ingested, and to carry them off with it through the emunctories. The cereals are rich in these salts, and thus bread, "the staff of life," when eaten except in moderation, may contribute to premature senility. The more nitrogenous our food the greater is its percentage of calcareous matter. In order, therefore, to guard against calcareous deposits, man's beverage should be only rain-water, and his diet should be principally fruit. This diet accords with that which DR. B. W. RICHARDSON prescribed for the inhabitants of his model city Hygeia. When flesh is to be eaten it should be of fish, poultry, young mutton, and calves, which being less nitrogenous furnishes a smaller percentage of calcareous matter. But even with these articles of diet, the amount taken should be small, that is not in excess of the actual requirements of the system. Ten or fifteen drops of dilute phosphoric acid in a glass of water three times a day, will greatly assist in the solution of the earthy salts deposited.

In regard to the fibrinous and gelatinous substances, the excess of which in the body is an evidence of senility: These can be gotten rid of only through their union with oxygen. Although fibrin, unquestionably, nourishes the organs of our body, yet it becomes at times, as we reach the cool and shady walks in the evening of life, accumulated in redundant quantity, "blockading the streams of life as doth the chilling wind of winter the mountain rivulets." In order to rid the system of it, oxygen must be carried to it through the channel of the blood. In certain habits of the body oxygen does not reach the tissues in sufficient quantity to be of any service. Exercise in a pure atmosphere conduces to the charging of the blood with oxygen, while the contraction of the muscles draws to them an increased supply of the blood thus

charged, facilitating the destruction of deleterious excess of the objectionable material.

The secret of longevity we, therefore, infer from DR. CALDWELL'S paper, is to drink rain-water, to eat moderately of fruit, fish, and the flesh of young animals, and to take abundant exercise.

THE REMEDY AGAINST UNRELIABLE DRUGS.

The fact that the market is stocked with drugs which do not conform to the standard of purity and strength established by the U. S. Pharmacopœia, requires no argument for its establishment. There is no practitioner who has not been disappointed in his expectation of results from medicines administered, and while, doubtless, this disappointment is occasionally due to an error of diagnosis, it is, unquestionably, most frequently traceable to a defect in the medicinal preparation. The physician is absolutely at the mercy of the pharmacist in this matter, and when it is remembered that the latter is subject to no control and that the facilities for detecting any delinquency of which he may be guilty are not generally possessed by the members of the medical profession, it is not a reflection on human nature to believe that the standard of purity and strength in drugs is not always conformed to

Various remedies against this evil to which the practitioner and his patrons are exposed, have from time to time been suggested. That of governmental supervision of the pharmacist was referred to in our last, and its impracticability hinted at. Puss in the fable had but one trick to keep clear of the dogs, while the fox had a hundred. Puss, however, from her position in the tree, saw enough to convince her that reynard's claim was "naught but fool's boast." There is only one effectual remedy in the hands of the profession, against dishonesty in pharmacy; all others are useless. That remedy is the proscription of such manufacturers whom experience in the use of their drugs has demonstrated to be unreliable. This opens the question of propriety of a physician's specifying on his prescription the name of the manufacturer whose preparation he wishes to have dispensed. Singularly enough, this still remains a disputed question. So long as no distinction is made by the prescriber, so long will the retail pharmacist be tempted to supply his stock from the products of such houses as will furnish them at prices affording the largest margin of profit. This is natural and quite legitimate from a commercial standpoint. Now it is a self-evident fact that good goods cannot compete in the matter of prices, with those of inferior quality. The very natural consequence of these facts is that the shelves of the retailer, from which prescriptions are filled, are apt to contain, and do contain, much cheap and, therefore, inferior material. Unless the physician take pains to specify the brand which his experience has taught him is reliable, his patient runs the risk of having administered to him the cheaper, and presumably inferior, drugs, and all to the detriment of his interests, and at the expense of his physician's reputation.

At the last meeting of the American Pharmaceutical Association this subject was presented in a paper, by PROFESSOR WALL, in such a manner that we cannot do better than to quote from it: "Pharmacy is followed by able and by incompetent men; and medicine by honest, by indifferent and by dishonest men The same moral distinctions apply to manufacturing pharmacists. If every druggist and every manufacturer were honest, skilled and trustworthy, no possible excuse could be urged by physicians for specifying brands; but under existing conditions it is frequently his sole protection from imposition by a knavish pharmacist or a tricky manufacturer. The right to express his preference as to the maker of drugs, is identical in character to the right to indicate his preference for a particular pharmacist by the use of the drug-store blank. The physician has an unquestioned right to insist that only the best drugs, most faithfully prepared, shall be used in his prescriptions, and any method calculated to insure this result, it is not only his privilege, but his duty to adopt. It is to be regretted that this policy should entail inconvenience, and often considerable expense and loss upon pharmacists, but until all demonstrate their unquestioned worthiness of confidence, until the passion for profit wholly dissolves before a sacred ambition for absolute purity and fidelity in all pertaining to pharmaceutical practice, checks upon the discretion of druggists will be both natural and necessary, notwithstanding that as a class their professional and personal character will bear favorable comparison with that of any other division of human labor. In those frequent cases when the specification in question is wholly unnecessary, by reason of the confidence which should exist between an intelligent physician and a competent pharmacist, it would seem that the latter's right to protest is co-equal with that of the former to specify, and, if offered with due courtesy, should be allowed to prevail."

EXAMINATION OF PEPSINS.

Pepsin, manufactured from the stomach of the hog, as an aid to the human stomach in its function of digestion, may be said to be an American invention. At all events, it is to SCHEFFER, of Louisville, Kentucky, that pharmacists owe their present facility of extracting this digestive principle, which is now so largely

employed. American ingenuity has also been taxed for its preparation in the various forms in which it exists in the market. Some of these forms are good, several are bad, and a number are indifferent. One, extensively advertised as JENSSEN'S crystal pepsin, has, because of its boastful claims of superiority, attracted attention abroad, and the Germans, who have a singular faculty of getting at the bottom of things, have submitted it to crucial tests, the results of which are reported in the Pharmaceutische Centralhalle, of Dresden, No. 13, Vol. 24, March 26th. This journal states, in the first place, as a fact, of which the profession have scarcely required any assurance, that the article is improperly called crystalline. It is, rather, a coarse granular powder, free from dust, which might have passed a sieve with meshes one millimetre apart, and resembling a rather light-colored gum arabic of similar fineness. It is hygroscopic, and, therefore, difficult to handle and dispense. One part dissolved in 20 parts of water gives a turbid fluid, which, upon the addition of minimal quantities of hydrochloric acid, does not clarify, and which, after some time, will deposit a not inconsiderable sediment. The filtered solution, on the addition of ammon. oxalic gives a strong lime reaction, thus indicating the presence of a gummate of lime (gum arabic). The substance might be mistaken for dried gastric juice, dried on glass plates, to which a quantity of gum arabic has been added, with a view to giving it more body and making it more brittle. It costs 150 marks per kilo.

Pepsin of commerce, as for instance, WITTESCHE'S or FINSELBERG'S, both so-called 100-per-cent. pepsin, are offered in powdered form. They are not hygroscopic, are almost white and of a sweetish taste. WITTESCHE'S pepsin makes an almost clear solution in water, in the proportion of one to twenty, and upon an addition of minimal quantities of muriatic acid the solution becomes perfectly clear and of a somewhat yellowish color. FINSELBERG'S, in the same proportion of one to twenty, does not give a clear solution, either with or without acid, and in 24 hours forms a considerable deposit. The odor of both is very faint, and not disagreeable. After keeping it for a long time in a closed but not completely filled vial, the latter assumes a somewhat animal odor. The kilo costs 36 marks.

If the efficacy of these pepsins is to be compared, experiments must be made with an equal quantity of albumen, cooked for the same length of time, reduced to the same fineness as JENSSEN suggests in his circulars, and upon which he bases his results, namely, the albumen must be forced through a sieve which contains 900 meshes to the quarter of a square inch.

Twenty grammes of albumen added to a solution of 0.03 gramme of either of the above pepsins in 150 of water and 25 drops of hydrochloric acid and kept at a temperature of 40° C. for five hours forms a slightly opalescent fluid. In the case of JENSSEN'S pepsin this result is only obtained, under similar circumstances, in six hours and a half, and yet the manufacturer calls it a 500-per-cent. pepsin.

That pepsin must be considered the most effective, which in the shortest time will liquify the largest quantity of albumen without any consideration as to whether it forms a peptone, or a preliminary product to peptone, as after from four to six hours of the process of digestion the contents of the stomach pass out to be deoxydised by the alkaline bile, the pancreatic juice and the mucus, by which the pepsin is destroyed. It will thus be seen that the American product, in spite of its exorbitant price, has no advantage, nor does it deserve a preference to the other pepsins mentioned. It is chiefly its unusual form which enables the manufacturer to find a market for it at a price for which there seems to be no justification.

METAPHYSICIANS.

The latest thing in the way of quackery is the so-called school of "metaphysicians." It is a Boston creation, and is said to be quite popular in that æsthetic centre. Metaphysics and metaphysicians are, of course, no novelties. From the day of ARISTOTLE until now they have existed, but it has remained for this generation to give the words a new significance. Heretofore metaphysics has been the name applied to a scientific knowledge of mental phenomena. The more modern name for it is psychology, but psychological medicine as it is generally understood, has reference to the mind as it is a function of the brain. The Bostonian metaphysicians, however, absolutely ignore the physical, except in so far as it is a manifestation of the mind, thus reversing the usually accepted order. With them disease and pain are not physical, but exist in the mind, and when their patients can be brought to convince themselves that they are well their ailments simultaneously vanish; We were recently invited by an esteemed patron to witness a seance between a "metaphysician" and her patient, and after the treatment was concluded were favored with an exposition of the method by its exponent. A more superficial and egotistical disciple it would be difficult to conceive, although she was evidently thoroughly posted in the tenets of the new school. In treating her patient she took a position immediately to his rear, and there she sat, mute and motionless, for upwards of twenty minutes. This was the full extent of the treatment. In answer to our question as to how this treatment was likely to

affect her patient, she informed us that she had projected her desire for her patient's restoration to health through the medium of the "Universal Mind," of which both she and her patient are parts. She paid no attention to diagnosis, as, according to the new school, it matters not what ails. The simple fact that there is "something wrong" is all-sufficient, as far as the metaphysician is concerned, and as far as the patient is concerned, he is simply required to convince himself that there is nothing wrong. It is, moreover, not necessary that the patient be in the presence of the metaphysician, and the disciple of the school who favored us with an audience, coolly informed us that she gave daily treatment to patients in distant cities, and that the improvement in GENERAL GRANT'S condition was due to the united efforts in his behalf of the "metaphysicians" throughout the country.

A more incongruous and thoroughly nonsensical system than that of the "metaphysicians" it would be difficult to conceive, and yet, (such is one of the peculiarities of the human mind,) it is being largely patronized, while the bulk of the patronage comes not from the ignorant, but from people above the average of intelligence!

BROMIDE OF NICKEL.

This new salt was introduced, a year or so ago, by Prof. DA COSTA, of Philadelphia, as an improvement on the other bromides in the treatment of the affections in which the bromine combinations are chiefly employed. It has been fairly tested since its introduction, at the out-patient department of the Jefferson College Hospital, and DR. R. LEAMAN, chief of the clinic, submits a report, based on results, in the Medical News, of the 18th inst. It has been found to be most beneficial in cases of epileptic seizure in which the attacks occur with regularity and at long intervals, and is inferior to the other bromides when the attacks are frequent, say occurring several times in the course of twenty-four hours. In other words, where the object in view is to keep up a mild but long-continued impression, the results of the bromide of nickel is to be preferred. It is less disturbing to the stomach than any of the other bromides, and especially is this true when administered in the effervescing form. In suitable cases it is estimated that ten grains of the nickel salt is equivalent in effect to thirty of the bromide of potassium, while it is much less depressing to the nervous system. It is, therefore, to be preferred in cases in which the hysterical or hypochondriacal element is prominent, and DR. LEAMAN reports two cases illustrative of this fact. He holds, in conclusion, that it is a most excellent remedy for wakefulness dependent on long-continued excitement of the nervous system from any cause. He claims for it no specific action, but simply states his belief that it is a most valuable addition to the therapeutics of epilepsy, especially in that class of cases referred to, and also a potent remedy in many kindred disorders.

We have received a copy of "An Open Letter to DR. N. S. DAVIS, Editor of the Journal of the American Medical Association, from DR. E. W. JENKS, of Detroit." This is the latest phase of the controversy which we unwittingly precipitated by our notice of a certain ovariotomy performed at Grand Ledge, in this state, on the 8th of last October, at which an unusually large tumor, weighing 95 pounds, was successfully removed. It may be remembered that we mentioned as a fact that DR. E. W. JENKS, of this city, was the operator, and that DRS. RANNEY, POST, DAVIS and WRIGHT were his assistants. DR. RANNEY objecting to the statement that DR. JENKS performed the operation, wrote a letter to the Journal of the American Medical Association giving his version of the matter. This was replied to by DR. JENKS, in a subsequent number of the Journal, in a very explicit statement. DR. RANNEY returns to the attack through the same medium, and in a letter containing many personalities reiterates his claim to having been the operator. He had now got in two blows to DR. JENKS' one, when the editor of the Journal concluded to close his columns to further articles from either side. DR. JENKS quite naturally desired to counter on DR. RANNEY'S somewhat vicious assault, but DR. DAVIS, the editor, was obdurate. And this is the *raison d'être* of the open letter before us. The pamphlet is a very scathing arraignment, yet dignified withal, of DR. DAVIS for his refusal to allow the writer to reply to the attack made on him, and contains a number of certificates from local physicians and citizens of Grand Ledge in support of DR. JENKS' claim to having performed the operation. Such controversies are quite unfortunate, but DR. JENKS can scarcely be blamed for his desire for justice, and we cannot but think that the editor of the Journal of the American Medical Association should have allowed him space to reply to DR. RANNEY'S attack.

We are in receipt of a pamphlet, a reprint from the American Journal of Obstetrics, Vol. XVII, No. 3, 1885, by W. P. MANTON M. D. (Harvard), Detroit. It is entitled, "A Plea for Episiotomy." It seeks to show that episiotomy should be more frequently resorted to than it is, and adduces numerous statistics to support the proposition. He says it is particularly valuable in Iparæ, and intimates that if Iparæ were more gener-

ally accorded the benefits of episiotomy, the occasions for perineorrhaphy would be materially diminished. Episiotomy is, therefore, something which should become immensely popular with Iparæ. Don't know what episiotomy on the Ipara is? DR. MANTON tells you in his pamphlet that it consists in making an incision with a probe-pointed bistoury, or scissors (he prefers the knife), on one or both sides of the frenulum, about three cm. above its middle. Iparæ is, we suppose, gynæcological for primiparæ. The ingenuity of the gynæcologist in the direction of word-making is really something wonderful. He has knocked the ophthalmologist completely out, and the ophthalmologist is not to be sneezed at, by any means.

DR. FRANK P. FOSTER, of the New York Medical Journal calls our attention to the fact that although we copied into the AGE of 10th inst. several of his therapeutical annotations, we have accredited his journal with but one. We humbly acknowledge the corn, although the omission was not intentional. It was our design that the items should appear all together and in such form that one credit would have been sufficient. This design was, however, frustrated by the "make-up" in the printing office. Our readers will, therefore, please note the fact that the several items appearing on the last two pages of the last number of the AGE without proper credits, are taken from the pages of our highly-esteemed contemporary the New York Medical Journal, and we will try to be more careful in future. No editor who has seen the children of his brain paraded in other columns without the proper indications of their paternity, could help sympathizing with our brother, under the circumstances. We know too well how it is ourselves.

We received, on the 14th inst., from DR. H. O. WALKER, of Detroit, Secretary of the Association of American Medical Editors, an announcement, dated New Orleans, April 27th, that this eminent body will meet in annual session at the latter place on the latter date, at 8:00 p. m., in the Medical College Building. DR. H. O. MARCY is the President, and he will give the Annual Address, the subject of which will be "The Legislative Establishment of Medical Examining Boards in America." The following distinguished members of the fraternity are expected to read papers which they have been incubating for many months: DRS. F. E. DANIELS, of Texas; F. S. BILLINGS, of Massachusetts; R. J. DUNGLISON and J. V. SHOEMAKER, of Pennsylvania, and L. CONNOR, of Michigan. With such an array the coming meeting will unquestionably prove to be a memorable one in the history of the Association. We trust Bro. DANIELS will not have the same cause for complaint which he had at the last meeting.

Dramatis Personæ.—Gynæcologist and Patient who had married a widower with several children, one of whom was in the waiting-room. *Gynæcologist*, looking through the speculum,—"How many children have you?" *Patient*—"We have four in the family, doctor." "Ah! four children. That explains the condition of your cervix, madam. It was badly lacerated at your last confinement, and can only be relieved by trachelorrhaphy." "But, doctor, ain't you mistaken? I—" "Mistaken, madam! Impossible. I tell you, you have laceration of the cervix, dating from your last confinement." "But, doctor—" "Now, madam, I know what is the matter with you, and it's no use for you to volunteer any further information. You must submit to an operation." "But, doctor, I *will* speak. I never had a child. The children we have are my husband's, by a former marriage." Tableau.

The most indefatigable enemy of the frauds which come to the surface through the columns of newspapers and periodicals, is LUM SMITH, editor and proprietor of the Agent's Herald, 706 Chestnut street. He is perfectly fearless in his denunciation of the crooks who seek to utilize the press as a medium for their nefarious schemes. Many of these are exceedingly plausible as to their exterior, and succeed often in deceiving even shrewd publishers. MR. SMITH is, therefore, a public benefactor and deserves the hearty commendation of the press, both lay and professional, for his sturdy blows inflicted on these unprincipled frauds. His thrusts at such newspapers and periodicals as publish fictitious figures as indicating the size of their subscription lists, are also well directed. An advertiser who contracts with a journal whose subscription list is smaller than claimed has been deliberately swindled.

The reports which have been made of GENERAL GRANT'S condition during the past week have been of a most encouraging nature; so much so, indeed, as to have aroused the suspicion in some quarters that the diagnosis of epithelioma was at fault. The ulcerated surface has a much-improved appearance, and the destructive process has ceased. The pain, also, has ceased to be unbearable without anodynes, and the glandular swelling has not increased. Deglutition, though difficult at times, owing to loss of tissue in the velum, is not painful, while the general condition of the illustrious patient has much improved. The granular infiltrated condition of the palatal curtain is said, however, to persist, which fact, together with the persistence of the glandular enlargement, support too strongly the diagnosis, and invali-

date the nation's hope that the improvement is not merely temporary.

The London Medical Times in referring to our criticism of the "Practitioner of Fifty-one Years' Standing," who recently undertook to instruct his English brethren how to announce their arrival at the houses of "quality," and how to demean themselves in its presence, says that its correspondent's letter was only a "playful skit," and that if it had supposed that we were going to take it *au sérieux* it would have done as the late ARTEMUS WARD was wont to do, and labeled the article "a goak." These English "Practitioners of fifty-one years' standing" do have a peculiar sense of humor. But we are disposed to be charitable, and rather than believe that our insular brethren are the set of toadies which this funny brother led us to believe them to be, we gladly accept the explanation.

A reader calls our attention to what he says must be an error in DR. EUSTACE SMITH'S formula for enuresis, as published in our last issue. In it the dose of tincture of belladonna is given as one fluidrachm, for a child four years of age. This is certainly a very large dose, but a reference to DR. SMITH'S treatise on Disease in Children shows that his formula has been correctly copied. He states that children have a remarkable tolerance for belladonna, and will often tolerate it in surprising quantities before its physiological effects can be produced. We should, however, advise as a commencing dose a less amount than that recommended by DR. SMITH, gradually increased until dilatation of the pupils and dryness of the throat have been produced.

There is a general rejoicing throughout the medical press over the fact that the Index Medicus has been revived, and MR. GEORGE S. DAVIS is having showered on him compliments galore for his public-spiritedness. It is to be hoped that the spirit of the press may pervade the profession in this matter, and that the confidence which MR. DAVIS has shown that the physicians of this country require only an example of pluck and enterprise to arouse them to a sense of their own interests, may not have been misplaced. Where an individual physician feels himself unable to subscribe for a copy of the Index Medicus, let him show his good will by inducing his medical society to take one.

DR. A. JACOBI, president of the N. Y. Academy of Medicine, while deprecating the publication of sensational reports of striking operations and wonderful cures, in the public prints, maintains that under certain circumstances a physician is quite justifiable in giving public utterance on matters relating to public health, the value of which the public can readily appreciate. But what could and must be avoided is the appearance in print of reports of striking or rare cases, which could not possibly be of interest to the public at large, while they harm the medical man, who is thus held up to public view, to be talked of in the morning, to be smiled over in the afternoon, to be forgotten with the new day.

The Columbus Medical Journal believes that if DR. GAILLARD were still alive, the next issue of his Journal would call attention to the following sentence from page 321 of the Journal of the American Medical Association: "The frightened subject pulled on his penis and manipulated it in such a manner as to cause its total passage into the bladder." It will be a relief to our readers to learn that a careful reading of the context shows that it was a foreign body, and not the penis, that thus passed into the bladder.

The first successful ovariotomy is reported from China. It was performed at Shanghai by ELIZABETH REISSUEGDER, M. D., of the American Woman's Union Mission. The patient had traveled 500 miles to obtain the relief from a foreigner which the native physicians were unable to afford. While some half-dozen ovariotomies had previously been performed in that country none had been successful, owing to the broken-down condition of the patients before submitting to the operation.

DR. GEORGE SCHLOETZER, of Highland, Illinois, writes us of his experience with cocaine hydrochlorate in teething children. The application of a solution of the salt to the inflamed gums, irritated by the pressing tooth has, he says, a remarkably soothing effect, and is an efficient substitute for depletion by means of the gum lancet. Thus are the virtues of this remarkable drug being rapidly developed.

It will be interesting, in view of the threatened epidemic of cholera during the coming summer, to learn from so good an authority as the New York Medical Journal that the throwing of a few handfuls of common salt daily into the basins and water-closets of houses having sewer connections, has a very marked influence in preventing the escape of sewer gas into the living apartments.

In the Practitioner for March, DR. R. H. CROCKER commends very highly the use of the oil of turpentine in certain cutaneous affections, in which he relies on it to the exclusion of external medication. His method is to give it in doses of from 15 to 20 minims in an emulsion of acacia.

The Courier-Journal says that whenever a Louisville doctor passes a corner pump he feels

the germs of a new theory awakening within him.

Cocaine hydrochlorate is recommended as an addition to carron oil in the case of burns. It is said to promptly relieve the characteristic smarting pain.

Book Notices.

A Handbook of Pathological Anatomy and Histology. With an Introductory Section on Post-mortem Examinations and the Method of Preserving and Examining Diseased Tissues. By Francis Delafield, M. D., Professor of Pathology and Practical Medicine, College of Physicians and Surgeons, New York; and T. Mitchell Prudden, M. D., Director of the Physiological and Pathological Laboratory of the Alumni Association of the College of Physicians and Surgeons, New York, and Lecturer on Normal Histology in Yale College.
New York: William Wood & Co.
Detroit: John MacFarlane.

The purpose of this book is very clearly set forth in its title. The introductory chapter, comprising 39 pages, is devoted to post-mortem examinations, defining their object and instructing in the best method for their performance. It may seem somewhat presumptuous to tell the physician who makes a post-mortem examination what object he has in view in making it, but there are few who have not had special facilities in this direction, who have not been possessed with a certain sense of vagueness in opening a cadaver with a view to discovering the cause of death. Having read the chapter before us they will, however, enter on their work intelligently, and with a method which has in it the promise of success in the line of their search. Following this chapter is one devoted to the general methods of preserving pathological specimens and preparing them for study. This is less full than that found in works more especially devoted to microscopic examinations, but is sufficiently explicit for all practical purposes. The morbid changes in the various fluids and solids of the system are then taken up in regular order, and the specific changes wrought in them by the various diseases clearly detailed. A careful examination of the book will, we are confident, convince the most expert in the line of pathological research, that this work is eminently adapted to the needs of the student. Its style is easy and quite readable, being instructive without being verbose, and being divested of pedantic irrelevancies.

A Manual of Organic Materia Medica. Being a Guide to Materia Medica of the Vegetable and Animal Kingdoms, for the Use of Students, Druggists, Pharmacists, and Physicians. By John M. Maisch, Phar. D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Second edition. With two hundred and forty-two illustrations.
Philadelphia: Lea Brothers & Co.
Detroit: Phillips & Hunt.

While this is an almost if not quite indispensable book for the student, druggist and pharmacist, it is not of that nature which adapts it to the needs of the practical physician. The time was when the physician found a knowledge of the physical properties of drugs very essential, but that was when he combined with his chief function the office of the pharmacist. Then it was necessary for him to know a drug when he saw it—to be thoroughly familiar with its physiological properties. In the division of labor which has characterized the past two or three decades the necessity of this latter knowledge has been relegated to the pharmacist, on whom the practitioner has become almost absolutely dependent, in so far as the identity and quality of the drugs and medicinal preparations which he prescribes is concerned. So much has this come to be the case that the study of materia medica has become almost absolutely eliminated from the curriculi of our medical colleges. We are of those who do not think that this has been wise, and yet, doubtless, the student's time may be fully taken up with matters of equal value as mental gymnastics, and of much more practical utility than is the study of the physical properties of drugs; but we will never concede that the student should be allowed to graduate without having devoted some time to such study. In the necessarily brief time which he has to devote to it it is very important that the subject be presented to him in as concise a manner as possible. This being the case the book before us is one of the most valuable means to the end which we know of. In addition to a detail of the origin, habitat, description, constituents and varieties of the drugs treated of, their medicinal properties are briefly outlined, the practical part of the matter, as far as the physician is concerned thus being not entirely overlooked.

Lectures on Diseases of the Nervous System, Especially in Women.—By S. Weir Mitchell, M. D., Member of the National Academy of Sciences; Physician to the Orthopœdic Hospital, and Infirmary for Diseases of the Nervous System; Vice-President of the Philadelphia College of Physicians; member of the New York Academy of Medicine, etc. Second edition; revised and enlarged, with five plates.
Philadelphia: Lea Brothers & Co.
Detroit: Phillips & Hunt.

Dr. Mitchell is well known to the profession as a neurologist, but particularly in connection with that part of his specialty which pertains to the nervous diseases affecting women. The secret of his success in this direction is amply revealed in the explicit and common-sense manner in which he discusses the latter affections in the book before us. He succeeds in making a subject which is too generally regarded as beyond the comprehension of the general practitioner, quite intelligible even to those who have given it no special

study. He possesses to an unusual degree the power of graphic description, and his pen-pictures of cases which have been under his care are delightful. But the portion of the book which is characteristically DR. MITCHELL'S, is the chapter describing the rest-and-full-feeding treatment, devised by him and in his hands showing most remarkable results in the case of neurasthenic, anæmic and broken-down women. No physician, engaged even in general practice, should fail to read this little work. It will aid him wonderfully in his diagnosis and treatment of many affections of an obscure nature occurring among his female clientele.

COCAINE AND ITS USE IN OPHTHALMIC AND GENERAL SURGERY. By H. Knapp, M. D., Professor of Ophthalmology in the Medical Department, of the University of the City of New York. Reprinted from the Archives of Ophthalmology, December, 1884. With supplementary contributions by Drs. F. H. Bosworth, R. J. Hall, E. L. Keyes, K. Knapp, and Wm. M. Polk.
New York and London: G. P. Putnam's Sons.

This is a very complete *resumé* of the copious literature which has appeared on cocaine during the past six months, and embraces a consideration of this remarkable drug in connection with all the fields in which it has been employed. The editor has done his work with the thoroughness which is his characteristic, and has presented in concise form that which it would require a very extensive course of reading otherwise to acquire. To those who are interested in this drug (and who is not?) the book will prove an invaluable aid to a complete knowledge of its properties.

THE DIAGNOSIS AND TREATMENT OF CHRONIC NASAL CATARRH. Three Clinical Lectures, delivered at the College of Physicians and Surgeons, New York. By George Morewood Lefferts, A. M., M. D., Professor of Laryngology and Diseases of the Throat, in the College of Physicians and Surgeons; Consulting Laryngoscopic Surgeon to St. Luke's Hospital, and the New York Skin and Cancer Hospital, etc. Reprinted from the Medical News, of Philadelphia, April 26, and May 3, 1884, and from American Clinical Lectures, Vol. II, No. 6.
St. Louis: Lambert & Co.

This is a very concise treatment, by an authority, of a very important subject. It gives in addition to the usual remedies employed in the disease discussed, the writer's experience (which has been very satisfactory) with "Listerine," manufactured by LAMBERT & Co., of St. Louis, the publishers of the book.

THE YEAR-BOOK OF TREATMENT FOR 1884.—A critical review for practitioners of medicine and surgery.
Philadelphia: LEA BROTHERS & Co.
Detroit: PHILLIPS & HUNT.

This book aims, not only to lay before the profession a synopsis of the important advances in medicine during the year, but also to furnish a review of the same by competent authorities. These reviewers and the contributors embrace the names of acknowledged authorities in their various divisions. The subjects are systematically divided, and are discussed in regular order, while a copious index makes a reference to them very easy. The design of the book is an excellent one, and it is worked out in a most satisfactory manner.

OUR BODIES: OR, HOW WE LIVE. An Elementary Text-Book of Physiology and Hygiene for the Use of Common Schools, with special reference to the effects of stimulants and narcotics on the system. By Albert F. Blaisdell, M. D.
Boston: Lee & Shepard.

The object of this little book is clearly set forth in its title. It is very sensibly written, as such books go, and its remarks on the alcohol question are quite in conformity with the latest accepted views on this subject. They are not characterized by the absurdities of which half-educated writers are so frequently guilty.

The May number of the North American Review, just out, has a poem by ROBERT BUCHANAN on "The New Buddha." The critics found fault with MR. BYRANT'S poem "Thanatopsis," on the ground that it was un-Christian; it remains to be seen what they will say of MR. BUCHANAN'S. The question, "Has Christianity Benefited Woman?" is ably discussed in this number by MRS. ELIZABETH CADY STANTON and Bishop J. L. SPALDING. President J. L. PICKARD writes on "Why Crime is increasing," and DAVID DUDLEY FIELD on "Industrial Co-operation," while PROF. ANDREW F. WEST, of Princeton, contributes an article of great clearness and strength on "What is Academic Freedom?" JAMES PAYN, the English novelist, discusses "Success in Fiction," and T. F. THISSELTON DYER "Superstition in English Life." The new department of Comments keeps well up to the standard with which it started.

The versatile DR. C. HENRI LEONARD, of this city, has sent us sample sets of his perforated, gummed labels, bearing the addresses of the various medical journals published in this country. This is his latest addition to his long list of sundries. They will be found very convenient by physicians who may desire to send reprints of their articles for editorial notice, and by colleges sending out their annual announcements.

Formulary.

FOR VAGINAL LEUCORRHŒA.

The New England Medical Monthly recommends the following for vaginal leucorrhœa:

℞ Powdered hydrastis root, gr. x.
Boiling water, ℥iv.
M.

Cool and strain, and use as an injection morning and night.

Also make vaginal examination (with speculum) and spray the surface with CHURCHILL'S tincture of iodine or extract pinus Canadensis.

FOR WHOOPING COUGH.

℞ Balsam copaibæ.
Balsam tolu.
Powdered acaciæ, āā ℥ ss.
Water, ℥ iv.
Aromatic sulphuric acid, gtt. xx.

M.

The acacia should be added to the balsams, and the water to the acid, and the two gradually mixed. The dose is a teaspoonful three to five times a day, as required.—DR. A. PLATT, in *N. E. Medical Monthly*.

ASTHMA REMEDY.

The following formula will be found to make a preparation for asthma equal, if not superior to any in the market. The ingredients must be finely powdered:

℞ Grindelia robusta.
Jaborandi, āā ℥ viij.
Eucalyptus.
Digitalis.
Cubebs, āā ℥ jv.
Stramonium, ℥ xvj.
Nitrate of potassium, ℥ xij.
Cascarilla bark, ℥ j.

M.

This is used by burning from ¼ to a teaspoonful or more, and inhaling the smoke. It is conveniently burned on a piece of saltpetre, or on the cover of a tin box. The powder costs about thirty-five cents per pound.—*The Formulary*.

LOCAL ANÆSTHESIA.—It is said upon good authority that local anæsthesia may be readily produced by applying with a camel's hair brush the following mixture:

℞. Chloral.
Camphor, *aa* ℥ j.
Morph. sulphat., ℥ ss.
Chloroform, ℥ j.

M. Sig. To be applied with a brush to the area to be incised.—*Canada Lancet*, April, 1885.

A PILL FOR SCARLATINAL NEPHRITIS.

℞ Gallic acid,
Extract of rhatany, āā gr. ½.
Boiled turpentine,*
Gurjun balsam, āā gr. i½.

M.—From six to eight of such pills are to be given daily.

*Oil of turpentine that has been kept in a dish of boiling water until it has become thick.

Medical Progress.

VIBURNUM PRUNIFOLIUM, OR BLACK HAW.—By J. H. WILSON, M.K.Q.C.P., M.R.C.S., Consulting Physician Accoucheur, Ladies' Charity and Lying-in Hospital. It would appear from the following article which recently appeared in the Liverpool Medico-Chirurgical Journal, that the later additions to the materia medica indigenous to America, are meeting with the appreciation of distinguished English authorities:

Some three or four years since my attention was first directed to this drug in an American publication, but I was unable to procure it in Liverpool, and it was not till the meeting of the British Medical Association in this city last year, that I was able to give it a trial. At that time MESSRS. PARKE, DAVIS & CO. sent me several of their preparations, this invaluable medicine among the number.

Of the various preparations of medicines for which we are indebted to our American cousins, I believe there will be found none more beneficial than *Viburnum prunifolium*.

DR. PHARES, of Newtonia, Miss., in 1866, seems to have been the first to call the attention of the profession to this medicine in the Atlanta Medical and Surgical Journal. He formed the highest opinion of it as a preventative of abortion—acting "as a nervine, antispasmodic, tonic, astringent, and diuretic." He states—"It is particularly valuable in preventing abortion or miscarriage, whether habitual or otherwise." He adds—"It has constantly prevented abortion in every case in which I have ordered it for the purpose."

In the whole of my experience I have never found a medicine that has given me so much satisfaction, whereas the treatment hitherto adopted has been very discouraging. In the cases in which I have used *Viburnum*, it has acted as a sedative and tonic to the uterine nervous system, preventing or removing those anxious nervous symptoms which so frequently lead to abortion in the earlier weeks of pregnancy. A change in the expression is usually observed after the first few doses, and the patient expresses herself as feeling decidedly better, is more cheerful, and able to move about with less fatigue, and confinement to bed soon becomes unnecessary.

If the medicine is commenced early, and before the ovum is thrown off, I feel satisfied most cases of abortion may be prevented.

The preparation at first used was PARKE, DAVIS & CO.'S Liquid Extract, afterwards EVANS & CO.'S, but the objection to the liquid extract is its extreme tendency to provoke nausea, so that patients have difficulty in retaining it on the stomach; it has a strong, pungent, penetrative odor, like valerian, and a smell so strong that it is apt to diffuse through the house. In two cases it was administered as an enema. Of late I have ordered the extract in pills, as a more agreeable form of prescribing the drug.

The Maltine Manufacturing Company have sent me a sample of malto-viburnum, which is an agreeable preparation, but I have not yet given it a trial.

In the January (1884) number of the Liverpool Medico-Chirurgical Journal, at page 71, mention is made of the first case in which I gave

this remedy a trial; it was of such a typical character that I may be excused for again alluding to it. A lady, residing in this neighborhood, had two living children at full time, and aborted twice in succession at sixth or seventh week; she became pregnant a third time; at the same period pains set in, accompanied with hæmorrhage, and there seemed every probability of its taking the same course as on the two previous occasions. The patient was ordered the liquid extract in drachm doses every four hours; pains and hæmorrhage ceased after a few doses; the medicine was reduced to ten drops three times a day. In twelve days she was so far recovered as to be able to discontinue the medicine, and undertake a railway journey of 120 miles. After a few days the patient was tempted to take more exercise than was prudent; threatening symptoms returned; she immediately took a full dose of viburnum and hastened home, but before arriving in Liverpool hæmorrhage and other symptoms had subsided. She rested, and continued the medicine in reduced doses for a few days, when she was able to leave home again. The lady continued well, and was confined of a fine child at full period; her convalescence was more rapid than on the previous occasions.

CASE II.—On 2d September, called on MRS. P., aged 26 years. Had had two children at full time; now between six and seven months pregnant. Returned from Scotland a few days ago, where she had been taking long walks, causing fatigue, and has felt unwell since. Yesterday pains with hæmorrhage came on, and have continued at intervals, and are increasing; os flabby and dilatable. Ordered rest in bed and ext. viburnum liq. ʒ j every two hours, gradually decreasing the dose. Relieved after a few doses; quite recovered in a few days. Five weeks after had a severe fall in getting out of a tram car; no ill consequences followed. Confined middle of December; mother and child did well.

CASE III.—December 31.—MRS. T., married four years, aborted about the third month, then a living child at full period; the abortion took place twice about the same time of pregnancy, caused by jumping and over-exertion.

In July had morning sickness, says she has been regular every month, excepting in October, when discharge continued ten days; believes she is pregnant, as the symptoms are similar to those she had on previous pregnancies; complains of feeling very nervous and depressed; has bearing-down pains, and fears another miscarriage. Uterus seems somewhat enlarged; if pregnant, cannot be far advanced; ordered 2 grs. of the extract in pill three times a day.

January 10.—Quite a different expression; instead of melancholy and anxious, looks cheerful and happy. Says she feels much better than she has done for some time. The monthly discharges ceased. She continued the pills at intervals, whenever she felt any pains or depressed in spirits. In May her nights were much disturbed and harassed, owing to her nursing her little boy who was ill; nevertheless, she continued to go on well till the middle of July, when she went into Scotland, and was confined there on October 5. She and infant did well. So that she must have become pregnant within a few days of commencing the pills.

CASE IV.—January 11, 1884.—Called during the night to MRS. C., a spare, delicate woman, of nervous temperament, about seven months pregnant with first child; had good health, but not slept well for some time. Two days since ran to meet a tram car; pains came on with slight hæmorrhage yesterday, which are increasing. Os soft and dilatable; at 1:30 a. m. ordered rest in bed, ext. viburni prunifolii liq. ʒ j., and one grain of opium. The following morning had slept well; no pains or hæmorrhage since taking the medicine. To take 20 drops of liquid extract or 2 grs. of extract in pill two or three times a day. Kept her room for a few days; in a week able to take a railway journey of sixty miles; slept much better; when fatigued or restless has always found relief from a dose of medicine. Continued on March 30. Both mother and child did well.

CASE V.—MRS. W., aged 33 years, married at 19; aborted four times within four years, which she attributed to jumping, long railway journey, and residing in a warm climate. For six years suffered from dysmenorrhœa; when patient came under my notice I found anteflexion; the sound was introduced twice; ordered recumbent position on back. Became pregnant within a few days; had two children at full time within a period of 18 months; aborted twice in 1883, followed by retroversion; became pregnant end of January in this year. On April 1 came to consult me; felt very weak, and unable to take any exercise without great fatigue, pain, and bearing down. Ordered 4 grs. of extract night and morning. In a few days much better, discontinued the pills, and went to seaside for change; only been away a few days when symptoms returned; resorted at once to the pills, which again relieved her. Confined at full time; did well.

CASE VI.—MRS. L., aged about 24 years; tall, thin, and of delicate constitution; mother of two children born at full time, but for nearly five months previous to last confinement was confined to the house, and a considerable portion of the time in bed, as the slightest exertion brought on pains and hæmorrhage, threatening miscarriage. She became pregnant in February last, and at the third month the same symptoms occurred as at last pregnancy; ordered 4 grs. extract viburnum in pills, to be taken whenever the pains came on. During this time she has nursed two children with whooping cough; has been much harrassed night and day, but was never laid up; yet she progressed favorably, and was confined of a healthy child at full period, and did well; has taken four or five dozen pills in all.

I have given *Viburnum prunifolium* in several other cases with the same benefit. One lady, to whom I ordered 4 grains three times a day, only took four pills, as she said they caused "throbbing in the temples;" she was under the impression she was taking quinine. As the symptoms for which they were ordered had been relieved, they were discontinued. This is the only instance in which viburnum seems to have disagreed.

It may be thought several of these cases would have done well under ordinary treatment, which is not improbable; but I am satisfied the convalescence would not have been so speedy or satisfactory. In the worst cases it was not necessary to keep the bed more than a day or two.

THE TREATMENT OF GONORRHŒA AT JEFFERSON MEDICAL COLLEGE.—The College and Clinical Record reports the following as the treatment taught at Jefferson Medical college:

In the early treatment of gonorrhœa, PROF. GROSS condemns the use of injections. His plan is as follows: If possible, put the patient to bed; give him at the outset a purge, by administering Epsom and Rochelle salts, each ℥ ij, in lemon syrup. Allow no meat or any stimulaeing articles of diet, etc. Malt liquors do more harm than alcoholic, so interdict both. No tea or coffee, but give him milk, eggs and some oysters, etc. Three times daily he is to hold the penis in a cup of hot water—quite hot. Keep the organ there for five minutes at a time, then wipe it gently each time.

The internal treatment will be by the "antimonial and saline mixture":

℞ Antimonii tartrat., gr. $\frac{1}{10}$.
Magnesii sulphatis, ʒ ij.
Morphinæ sulphatis, gr. $\frac{1}{16}$.
Tinct. aconiti radicis, gtt. j.
Liquor. potassii citrat., f ℥ ss.
Olei limonis, gtt. ss.
Elixir. simplicis, f ℨ ss.
M.
Sig. Ter die.

By this treatment the urine will be rendered bland and unirritating. Should the urine persist in "scalding," then add to the above prescription gtt. x tinct. cannabis indica. To prevent or cure chordee, order at night a suppository of—

℞ Extract. opii,
Camphoræ, ää gr. iij.

In the course of four or five days the discharge from the urethra will look more like laudable pus; then order an injection:

℞ Hydrargyri chloridi corrosivi, gr. ij.
Aquæ destillat., Oj.

Sig.—With a syringe that holds an ounce, inject into the urethra—having first "flushed" the canal several times by voiding urine—and retain the fluid for five minutes.

Internally, a useful combination is that used at the out-door department at the hospital, and consisting of:

℞ Cubebæ, ℨ ij.
Alum. pulv., ℥ j.
M.
Sig.—Of this take a heaping teaspoonful in a tumbler of water ter die; the dose to be increased.

Should the discharge per urethram still persist, use an injection of—

℞ Liquor. plumbi subacetatis, f ℥ j.
Aquæ, f ℨ x.
M.
Or—
℞ Plumbi acetatis, gr. ij.
Zinc sulphat., gr. iij.
Aquæ, f ℨ j.
M.
Or—
℞ Acidi tannici, gr. ij.
Aquæ, f ℨ j.
M.

THE ETIOLOGY AND PROPHYLAXIS OF RACHITIS.—DR. J. COMBY (Archives Générales de Médecine, March, 1885), in a paper based upon extended clinical observations, reaches the following conclusions as to the etiology and prophylaxis of rachitis:

Etiology.—1st. Vicious alimentation of the new-born is the extensive cause of rachitis.

2. By vicious alimentation is meant all aliment other than mother's milk given to the child before the age of one year.

3. Vicious alimentation includes also the milk of the mother when given at improper intervals—when too frequent, or when the milk is poor in quality.

4. The most certain means of producing rachitis is by feeding the child with pap, porridge, or other food, except milk.

5. Artificial nourishment from a bottle with a long tube is a very frequent cause of rachitis. The use of a bottle without a tube, or simply of a glass, or a cup, is less dangerous.

6. Merely nursing, in order to avoid the troubles of artificial feeding, not infrequently produces rachitis.

7. Premature weaning is an infrequent cause of rachitis.

Prophylaxis.—1. Natural nursing is the most certain means of preventing rachitis.

2. Suckling, to have this effect, should be well-regulated (six or seven times in twenty-four hours), exclusive and prolonged. Under these conditions, if the milk be of good quality, rachitis is seldom observed.

3. In case necessity compels mixed-nursing the bottle should be avoided, and the infant should receive the milk directly from a glass or cup, and at intervals of at least three hours.

4. If artificial nursing alone is possible, the milk should always be of good quality, or almost pure, warm, but not boiled, and always given without the bottle.

5. The infant should receive six or seven times a day from three to four ounces of milk, according to its age or development.

6. Under no pretext should there be given to a child naturally suckled, mixed or artificial diet, or any food except milk, before it has attained the age of one year.

7. Weaning should not be attempted previous to this age, and alimentation immediately succeeding should be carefully selected.

By following these rules, which are applicable to the greater number of cases, the conditions under which rachitis, or at least its more serious manifestations may be avoided, are best secured.—*Medical News*, April 18, 1885.

PULMONARY RHEUMATISM.—In a recently published thesis, M. LEBRETON presents the results of his studies on the pulmonary manifestations of rheumatism. These may occur, he states, independently of any articular affection, in subjects who have previously suffered from rheumatism, or who come from a rhematic family. Pulmonary rheumatism occurs under two distinct forms, the pneumonic and the œdematous. The former is not necessarily associated with a cardiac implication, but may occur when the heart is unaffected. The facies in this form is peculiar, and does not at all correspond to that of ordinary acute pneumonia. The face is pale, and it, as well as the

entire body, are bathed in profuse acid perspiration. The stethoscopic signs are fugitive, and may be located at the right apex to-day, and to-morrow may be at the left, or may have disappeared entirely. In the œdematous form the symptoms vary greatly in intensity. There is first difficult respiration, the face is pale, the body is covered with perspiration, the chest is filled with râles, indicating a general bronchitis. The heart is normal. Sometimes the symptoms come on so suddenly and with such intensity that the patient may be carried off in a few minutes. In addition to these two distinct types there are frequently pulmonary manifestations of rheumatism under the form of congestion. Of these three clinical varieties are to be noted:

1. Hæmoptysis. In rheumatic subjects there may be frequent and profuse hæmorrhages from the lungs without any tubercular trouble.

2. The remittent form. Here we meet with remittent or intermittent attacks of dyspnœa, more severe at night, and due solely to rheumatic congestion of the lungs.

3. The latent form. This is characterized by the single symptom of a peculiar sound, resembling the crepitant râle of pneumonia, heard in inspiration, and most frequently in the right axillary line at the junction of the upper and middle third. The treatment of pulmonary rheumatism consists in the administration of salicylate of soda, or of iodide of potash for the persistent manifestations, and of sulphate of quinine for the hæmorrhagic and remittent forms.—*Revue Médicale*, February 28, 1885; *Medical Record*, April 18, 1885.

KNEE-JERK IN DIABETES.—The introduction of new condition into any existing arrangement cannot take place without producing more than one alteration. The phenomenon of the knee-jerk, which may practically be said to have been introduced into the sphere of clinical medicine during the past decade, bears testimony to the above generalization. The investigation of the condition of the knee-jerk may seem to some medical men a somewhat novel application of a reflex action. M. BOUCHARD made a distinct impression by his paper on the subject at the French Association for the Advancement of Science, recently held at Blois. The presence or absence of the knee phenomenon in diabetes mellitus, is said to possess much importance both from a prognostic and diagnostic point of view. Forty-seven cases observed during the last three years by M. BOUCHARD, were found to have patellar tendon reflex, and of these cases only two died, or about four percent. Nineteen cases were collected in which the knee-jerk was absent, and of these six were fatal, or about 33 percent.; the mortality in the latter group may have been still greater, since some of the number were lost sight of. M. BOUCHARD believes that the disappearance of the knee phenomenon in the course of diabetes, indicates the entry into a grave and perilous state. It is perhaps lending too much value to the knee-jerk to say that the absence of it has given the cue to the diagnosis of diabetic coma; a statement to this effect may be found in the report from which we abstract our information on M. BOUCHARD'S paper. An infant was found comatose with dry cracked lips and absolutely afebrile: none of its antecedents could be ascertained. The knee-jerk was absent and the coma resembled that met with in cases of intoxication, and of uræmic or diabetic toxæmia. There was the odor of acetone in the breath; some balanoposthitis and intense thirst. A washing from the child's underlinen reduced Fehling's solution. M. BOUCHARD thinks it necessary to state that the absence of the "tendon reflex" does not favor the nervous theory of diabetes.—*Lancet*.

ON ABSINTHINE.—DR. FERNAND ROUX (Bulletin Gen. de Therep.) has found that the common or great absinthe, artemisia absinthium, contains in its bitter principle, absinthine, certain properties that are not toxic and that are of therapeutic value. To determine its degree of toxic effect he gave the drug in small doses for a long continuous period of time, and then in large doses, experimenting upon chickens, coming to the following conclusions: 1. Absinthine is not toxic in its effects even in a strong dose (2 grammes in a chicken). This result disagrees with the opinion of most authors. 2. Its prolonged use in small doses does not give any disagreeable symptoms; 3. It seems to have a favorable effect upon the bowels without inducing diarrhœa, when given in moderate doses.

To illustrate its therapeutic effect, DR. ROUX gives the details of seven cases, which lead him to the opinions:

1. Absinthine as obtained by the process of DUQUESNEL, the bitter principle of absinthe, is not toxic.

2. Absinthine is a drug which is useful in chloro-anæmia; convalescence from serious diseases which have weakened the digestive organs; and anorexia without organic lesions of the alimentary canal.

3. Absinthine is especially indicated when there exists with anorexia an obstinate constipation.

4. The most convenient dose is 10 centigrammes, ten minutes before eating, twice daily.—*Journal of the American Medical Association*, Jan. 24, 1885.

THE INFLUENCE of CIMICIFUGA RACEMOSA UPON PARTURITION.—DR. J. SUYDAM KNOX read a paper with this title, in which, after giving a résumé of the medical history of the drug, he related his experience with it in one hundred and sixty cases of labor, including those of fifty-seven primiparæ and ninety-three multiparæ. Under its use, he had found the average duration of the first stage reduced from seventeen hours to six hours and a quarter, and that of the second stage from three hours to an hour and three quarters, in primiparæ; that of the first stage from twelve hours to three hours, and that of the second stage from an hour to twenty-seven minutes, in multiparæ. From his observations he had concluded that the drug had a positive sedative effect on parturient women, quieting reflex irritability, nausea, pruritus, and insomnia; that it mitigated, and often altogether abolished, the neuralgic cramps and irregular pains of the first stage; that it relaxed the soft parts, thus facili-

tating labor and diminishing the risks of laceration; that it increased the energy and the rhythm of the pains in the second stage; and that, like ergot, it maintained a better contraction of the uterus after delivery. In regard to the latter point, however, it was his habit to give ergot after the expulsion of the head. At first, in his indiscriminate use of the drug, he had caused a few precipitate labors. His method of using cimicifuga was to give fifteen minims of the fluid extract, in three times that quantity of compound syrup of sarsaparilla, every night for four weeks before the time for labor to come on.—*N. Y. Medical Journal*, April 26, 1884.

Antiseptic Silk and Catgut.—Roux (Rev. Méd. de la Sussie; Ctrlbl. f. Gyänk.) gives the following brief directions for preparing antiseptic ligatures, which are divided into several different grades:

1. Raw catgut should be placed for eight days in pure oil of turpentine, then washed for a quarter of an hour in ether, and kept in absolute alcohol.

2. Immerse raw catgut for an hour in a two-per-cent. solution of corrosive sublimate, and then for eight days in turpentine. It should be kept in alcohol.

3. Dry silk for an hour in an oven at a temperature of 180° F.

4. Boil the silk for an hour in a two-per-cent. solution of corrosive sublimate, wash in ether, and preserve in alcohol.

5. Immerse silk for eight days in a two-per-cent. sublimate solution, wash in ether, and keep in alcohol.

6. Soak the silk for eight days in oil of turpentine, wash in ether, and keep in alcohol.

7. Keep silk for eight days in the sublimate solution, then for eight days more in turpentine, and preserve as before.

The writer states that the treatment with ether is for the purpose of extracting the excess of the antiseptic, so that the ligatures will not irritate the tissues. He has thoroughly tested all these ligatures by placing them in sterilized gelatin, and in no instance were microorganisms observed. He says that No. one and No. two will be found most useful in surgical operations.

Therapeutics and Action of Euphorbia Pilulifera.—Marset summarizes the action and therapeutics of Euphorbia pilulifera as follows:

1. The active principle of Euphorbia pilulifera is soluble in water and dilute alcohol, insoluble, or nearly so, in ether, chloroform, sulphide of carbon and oil of turpentine.

2. It is toxic in weak doses to the small animals, which it kills by arresting respiration and stopping the pulsations of the heart, which are at first accelerated, but gradually cease under its influence.

3. Its effects are not cumulative.

4. It appears to act directly upon the cardiac and respiratory centres, to which its influence is limited.

5. It appears to be eliminated by the liver.

6. Locally, it is without action upon the skin and mucous membrane, except upon the gastric mucous membrane, which it irritates.

7. It gives good results in attacks of dyspnœa caused by asthma, emphysema, or chronic bronchitis in abundant watery solution, taken preferably immediately before meals.

The aqueous or alcoholic extract is a good preparation. A grain daily is the maximum dose employed, and frequently five-sixths of a grain have produced marked results.—*L'Abeille Médicale*, Jan. 26, 1885. *The American Journal of the Medical Sciences*, April, 1885.

The Inhalation of Defibrinated Blood.—In view of the bad results which follow the ordinary methods of transfusion of blood, and of the great tolerance of the respiratory organs to foreign fluids, and the rapid absorption of the latter, Professor Fabrini, of Palmero, calls attention, in the Centralblatt für die Medicinische Wissenschaften, No. 9, 1885, to what may be termed pulmonary transfusion. The fluid employed consists of twenty parts of bullock's blood, and eighty parts of a three-fourths per cent. watery solution of chloride of sodium, in which the red corpuscles preserve their normal properties for a long time. Inhalations of about three ounces and a half of the mixture, through the medium of an ordinary spray apparatus do not excite coughing, nor do they bring about any perceptible alterations in the circulation, respiration, or the temperature, and auscultation shows that the mixture is rapidly absorbed.

Fabrini has resorted to this novel method of transfusion in cases of oligæmia with the best results, as indicated not only by the improvement in the general condition of the patient, but also by the increase in the relative number of the red corpuscles, and in the quantity of hæmoglobin. These results are stated in a general way, and not supported by details of cases. Hence, more extended trials will have to determine the value of the method.—*Medical News*, April 4, 1885.

The Topical Application of the Muriate of Cocaine in a Case of Hydrophobia.—In the Indian Medical Gazette, March, 1885, Surgeon-Major D. F. Keegan, M. D., publishes the history of a case of hydrophobia which had been treated by morphia, hydrate of chloral, bromide of potassium and pilocarpine without relief.

As a *dernier ressort* a five-per-cent. solution of cocaine was applied freely over the back of the fauces and upper portion of the larynx, and five minutes after its application, the patient was able to drink 12 ounces of milk and eight ounces of water.

The following day the solution of cocaine was again applied, after which 30 ounces of milk and two tumblerfuls of water was readily swallowed.

Though the patient subsequently died suddenly from heart failure, the case is an instructive one, and Dr. Keegan very pertinently remarks: "If the topical application of cocaine should reduce the act of swallowing during the first stages of hydrophobia to a comparatively easy operation, then, indeed, this dire malady will have been shorn of half its terrors." The

action of cocaine in controlling spasmodic conditions of the respiratory organs is a fruitful field for the investigation of physicians. If the spasms of hydrophobia can be thus prevented by the anæsthetic action of cocaine, why not those of spasmodic asthma, croup, etc.?

ASTHMA.—The following treatment of asthma has been so very efficient in my hands that I think it worthy of trial by any of the profession who may need a remedy in this distressing disorder. I have treated a number of cases with it, and have yet to see one that would not yield to its protracted use. I make no claim to its originality:

℞ Iod. potassium, ʒ j.
Fl. ext. grindelia robusta, ʒ iij.
Fl. ext. lobelia, ʒ iiss.
Syrup. tolu ad., ʒ vj.
M.

Sig. Teaspoonful three times daily or oftener if necessity demands it. Persist in if necessary.

If any of the brethren (and I suppose they are legion) are harassed with long-standing cases of indigestion, and after all his usual remedies have proven fruitless, let me insist on him turning them over to cascara sagrada. Its use is imperatively demanded in that form of chronic indigestion in which constipation is a prominent symptom. I regard it as the remedy *par excellence* and have seen the happiest of results from its use by patients who first consulted nostrums, quacks and charlatans and were said to be hopelessly suffering with womb trouble, liver complains, heart disease, etc. The average dose is twenty drops. C. S. ROZZELLE, M. D.—*Medical Summary*, March, 1885.

TREATMENT OF SCABIES.—GRIGORJEW (L'Abeille Médicale, March 23, 1885), in the Sborn Kavkask. Med. Obcht., No. 38, recommends the following treatment of scabies:

℞ Iodoform, ʒ j.
Cerat. simp., ʒ iss.
Ol. oliv., q. s.
Ft. Ung.

The treatment comprises two periods. In the first, the patient is plunged into a hot bath, and rubbed for half an hour with black soap. The above ointment is then applied. Two baths and two inunctions are necessary to destroy the parasite. The second period is devoted to the consecutive treatment of the disease, this is limited to the application of the ointment once or twice a day to the painful portions of the skin. This treatment is continued for five or six days.

According to GRIGORJEW, the advantages of this method of treatment are the following:

1. The rapid destruction of the parasites and their eggs.
2. Diminished sensitiveness of the skin, and, therefore, the prevention of itching so troublesome in the disease.
3. Absence of irritation of the skin.
4. Speedy cure of the eczema consequent upon the disease.—*Medical News*, April 18, 1885.

ARBUTIN IN THE TREATMENT OF CATARRH OF THE BLADDER.—Schmitz (Centralbl. f. Klin. Med.) says that arbutin, which becomes changed within the system into hydroquinone, a body having the formula $C_6H_6O_2$, is a valuable remedy in vesical catarrh. He suggests the following as a convenient preparation:

Arbutin, 75 grains.
Distilled water, 7 ounces.

Dose, one tablespoonful every two hours, containing about eight grains of the drug. A marked improvement in the condition of the urine is noticed within two or three days after beginning the treatment. The writer speaks in rather a guarded way concerning the usefulness of this remedy, and admits that its high price forms a decided objection to its general use.—*New York Med. Jour.*, Jan. 10, 1885.

HYOSCINE HYDROBROMATE.—Since the report of DR. HORATIO C. WOOD, in the last Therapeutic Gazette, further experimentation under his direction, carried out at the Philadelphia Institute for the insane, has fully confirmed the claims then made for it. Of its value in insanity there can no longer be a doubt. It is urged that in virtue of its small bulk, tastelessness, and solubility, it can be administered when other medicines, and even food, are refused. In doses of one forty-eighth of a grain, in extreme cases, sleep was always induced, and the patients generally awoke much refreshed and with their excitement much abated. Applied locally to the eye it causes dilatation of the pupil, but has no anæsthetic effect.—*Louisville Medical News*, March 28th, 1885.

PILOCARPINE IN THE TREATMENT OF PNEUMONIA.—MOLLIERE (Lyon Méd.) reports at length a case of double pneumonia treated with injections of pilocarpine, and adds some remarks concerning the efficacy of the drug. After reviewing the congestive effects produced in various organs by the presence of consolidation in both lungs, especially the symptoms referable to the kidneys, he draws the inference that by causing profuse perspiration the renal trouble may be relieved, with the result of producing a sensible diminution in the general blood pressure. In short, he believes that the cerebral disturbances so frequently observed in cases of double pneumonia are uræmic in their origin, and should be treated accordingly. A sixth of a grain of pilocarpine is the amount injected, and the effect is speedy and persistent.—*Journal Amer. Med. Asso.*, April 4, 1885.

TUBERCULOSIS COMMUNICATED BY SEXUAL INTERCOURSE.—At a meeting of the Societe Medicale des Hopitaux, in Paris, MONS. FERNET read a thesis discussing the possibility of the propagation of tuberculosis by means of sexual intercourse. He quoted the statement of M. BABBE'S, that tuberculosis had been developed in a man after connection with a female suffering from the same disease, and that the bacilli of tuberculosis had been discovered in the vaginal mucus of the female.

and in the urine of the male. He asserts that the bacillus of tubercle can be transmitted, not only through the media of the respiratory and digestive tracts, but also through the genito-urinary and and all other mucous passages.—*Medical World*, March, 1885.

BOLDO AND BOLDINE.—LABORDE (Union Méd.) has made several experiments with these drugs, which were mentioned by DUJARDIN-BEAUMETZ in 1874, and have long been used in hepatic diseases. Boldine, an alkaloid extracted from the leaves of the boldo, has a complex chemical nature, which is not yet understood. When administered to animals in doses of three grains it causes instant death without convulsions; in smaller doses it acts as a soporific. Its hypnotic effect is ascribed by LABORDE to its direct action upon the brain. Five or six grains administered to the human subject cause a deep slumber, from which the individual awakes without any unpleasant sensations.—*Journal Amer. Med. Asso.*, April 4, 1885.

ARBUTIN.—Three cases of vesical catarrh, one of gonorrhœa and one of purulent cystitis were treated in the Jena hospital with arbutin. In one of the catarrhal cases the affection disappeared rapidly under its influence, whilst in two others the drug not only showed no curative power, but actually made things worse, causing increased quantities of pus and membranous shreds to appear in the urine. Rossbach, though, reports that he has succeeded in arresting nephritic hæmorrhages in a few hours by arbutin.—*Deutsche Med. Zeit.*, *St. Louis Med. Jour.*, April, 1885.

CONVALLAMARIN.—In an article on substitutes for digitalis, Dr. James Stewart speaks favorably of convallaria as a cardiac tonic, and especially commends the glucoside convallamarin as "possessing all the active cardiac properties of the plant, with none of its disadvantages" (such as vomiting and diarrhœa). The dose of the convallamarin is one or two grains; it can be made into a pill with glycerole of tragacanth.—*Canada Medical and Surgical Journal*, *Philadelphia Medical Times*, April 4, 1885, p. 519.

PELLETIERINE.—Schröder (Arch. f. exper. Path. u. Pharm.," Ctrlbl. f. klin. Med.) reviews the observations that have already been made concerning the action of this alkaloid of the pomegranate, and gives the results of his own experiments. He recommends the sulphate as a valuable tæniacide, the dose being five grains, followed in about half an hour by a cathartic. He adds the caution that atheroma of the arteries should be regarded as a contra-indication to the use of pelletierine, as the drug causes an increase of the arterial pressure.—*N. Y. Med. Jour.*, April 11, 1885, p. 428.

THE TREATMENT OF SICK-HEADACHE.—DR. W. GILL WYLIE, of New York, has produced excellent results with the following method of treatment: So soon as the first pain is felt, the patient is to take a pill, or capsule, containing one grain of inspissated ox-gall and one drop of oil of gaultheria, every hour until relief is felt, or until six have been taken. DR. WYLIE states that sick-headache as such is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.—*N. Y. Med. Journal.*

COCAINE IN ACUTE CORYZA.—DR. W. S. PAGET (British Medical Journal) has produced gratifying results by the application of a four-per-cent. solution to the interior of the nostrils by means of pledgets of cotton. Permanent relief was experienced after a single application. The solution may also be injected into the nose. The writer believes that cocaine will become the remedy *par excellence* in hay fever.—*New York Medical Journal*, March 2, 1885, p. 344.

PARALDEHYDE IN TETANUS.—Cases (Bull. Gen. de Ther.) of rheumatic tetanus are reported as cured in ten days, under the daily administration of ʒ 1½ to ʒ 1⅔ of paraldehyde in two doses, with two hours interval. This drug produces death through paralysis of the respiratory centre, and the disappearance of tendon reflex is invariably a sign of danger.—*Pacific Medical and Surgical Journal*, April, 1884.

OIL OF EUCALYPTUS IN BRONCHITIS.—PROF. H. C. WOOD (Therapeutic Gazette) reports that the oil of eucalyptus in ten minims doses (in gelatin capsules) four times daily, has in his hands, replaced all stimulant expectorants in chronic or obstinate subacute bronchitis.—*Pacific Medical and Surgical Journal*, April, 1885.

ALKALOIDS OF QUEBRACHO AS ANTIPYRETICS.—DR. HUCHARD and ELOY, of Blois, affirm that the six alkaloids of Quebracho reduce temperature in fevers even more effectually than quinine. Such a result is obtained in typhoid by the hypodermic injection of gr. 1½ to 3 of muriate of aspidospermine.—*Pacific Med. and Surg. Jour.*, April, 1885, p. 188.

PECULIAR ACTION OF COCAINE.—DUJARDIN-BEAUMETZ has noticed the occurrence of syncope in several cases after the hypodermic injection of weak solutions of this drug. He believes it due to cerebral anæmia, and says it will not take place if the patient be kept in a horizontal posture.—*Va. Med. Jour.*

ESERINE IN TETANUS.—G. H. BRANDT (Practitioner, Oct., 1884,) reports a cure of traumatic tetanus in an adult from the administration of ¼ of a grain of eserine every hour.—*Pacific Medical and Surgical Journal*, April, 1885.

The Medical Age.

Vol. III. DETROIT, MAY 11, 1885. No. 9.

Original Articles.

SOFTENING OF THE BRAIN.*

BY DR. J. G. JOHNSON, DETROIT, MICH., PHYSICIAN TO ST. JOSEPH'S RETREAT.

Gentlemen:—There is an ensemble of symptoms which most physicians, and certainly every layman of ordinary intelligence, will promptly diagnose for you as softening of the brain. The symptoms referred to are those of progressive mental and physical degeneration.

Speak of softening of the brain and everyone will call to mind the tottering gait and enfeebled intelligence of some one in his own neighborhood. The picture is, in fact, all too familiar, but the designation given to the condition is most unfortunate from a medico-legal standpoint.

The very familiarity of the general public and lawyers with what they suppose to be a distinct and defined disease—an entity, in short—is capable of bringing grief to the expert who attempts to be discriminating before judge and jury.

Take, for instance, the case of a wealthy man who has been gradually failing for some time; the friends come to the conclusion that he is getting softening of the brain. A doctor is called in, who substantiates the diagnosis, either from very ignorance, or because he hesitates to differ from these friends who are perfectly clear as to what the trouble is. After a time the patient dies; his will is contested on the ground of incompetency, and the case comes to trial.

The physician in attendance has diagnosed softening; the lawyer on one side has looked into the books and found *Ramollissement* accurately described with its symptoms of disease *en foyer*—a local trouble, in fact, with circumscribed paralysis. The expert on the other side has, perhaps, the picture of Paresis in his mind, when possibly the case has been one of chronic cerebral syphilis or meningitis.

The chances for a collision are excellent, but I will leave the details of the conflict to the imagination.

There is, in truth, no subject in the domain of medical jurisprudence which is more hopelessly mixed; partly from the difficulties inherent in always making an accurate diagnosis, and partly from the use of a name which expresses pathological change, when only symptoms are meant.

The literature of the profession tends only to confound confusion.

Writers on nervous diseases and insanity generally entirely ignore the term "softening of the brain," which is in constant and daily use by lawyers, the public at large, and physicians themselves, in cases which, more than any other class, are liable to become the subject of legal inquiry.

Some writers mention it under the heading "*Ramollissement*," the symptoms of which are altogether different from those under consideration. Others treat of it under the head of "Paresis," or general paralysis of the insane. In this disease, however, we have not only mental and physical degeneration, but something more. We have, at least in many cases, symptoms of brain irritation as evidenced intellectually by grand ideas, and physically by convulsions.

A recent author has stated that there is no such condition as general softening of the brain. Now this I believe to be erroneous, or, at least, inexact. That there never is such softening of the whole brain as is found in partial softening from embolism, I believe; but that there is a diminished specific gravity in some cases of paresis, I am certain. During twelve years connection with an insane asylum, I have had abundant opportunities of studying this disease, and of making post-mortems.

The histories of these cases I hope to publish *in extenso* at some future time, but at present, I would only wish to indicate conclusions.

These may be formulated in saying that, the shorter the duration of the disease, the softer the tissue, and the more the condition approximates to hypertrophy. The longer the duration of the disease, the harder the brain becomes, and, by so much more, the condition becomes one of atrophy and contraction.

Rapidly proliferated connective tissue is soft but bulky, and it is exactly in these cases of short duration that we get convulsions, just such as occur in the cerebral-hypertrophy of childhood.

In the slower cases, we have gradual formation of connective tissue with simultaneous contraction, and, in these, convulsions do not

* A paper read before the Detroit Medical and Library Association.

occur. I consider the disease analogous in pathology to BRIGHT'S disease of the kidneys. Another analogue, even more familiar, is perhaps the process of cicatrization after a burn: the scar tissue is at first bulky and flabby, but in time becomes retracted and hard.

In certain cases of paresis we have softening of the brain, but in those rapid cases in which alone softening occurs, we have not the symptoms of degeneration, but rather those of irritation.

Now, how are we to get rid of this confusion of names and things, of symptoms and pathological changes?

The first thing, as it seems to me, is to get a clear idea, ourselves, as physicians, of the significance of the symptoms, mental and physical decay.

Now, degeneration of mental and physical power may be due to paresis, to chronic alcoholism, to chronic cerebro-syphilis, to chronic cerebral-meningitis, to degeneration of the walls of the blood-vessels, to poisoning by lead, opium, or other drugs, or it may be due to permature old age—itself the result of dissipation —excessive worry, exhausting diseases, discharges, and the like.

This degeneration of mental and physical power would but very seldom be due to softening of the brain as a result of embolism, thrombosis, hæmorrhage, etc., and would then be preceded by symptoms of local lesion.

Now, in the interest of medical experts, I would beg of you, in your diagnoses, to rid yourselves of the name softening of the brain, remembering that you may be called upon to testify in any given case as to the condition of the brain on post-mortem, and to produce evidence of the softening which was presumed to exist.

In a case of progressive debility, mental and physical, where the symptoms are not sufficiently pronounced to render probable that which will be found on post-mortem, a diagnosis of progressive dementia or paralytic dementia, would have the advantage of not indicating the nature of the pathological change which may exist, but may not be demonstrated.

Where exact diagnosis is not possible, one which is not misleading is, to say the least, preferable.

OSTEOMALACIA.*

BY R. C. HUTTON, M. D., DETROIT, MICH.

MRS. R. M., aged 37 years, married, mother of three children, youngest seven years old. Her health was always good up to a period about two years after the birth of her youngest child. One of a family of six brothers and sisters who have uniformly enjoyed excellent health; born of English and Scotch parents who are robust and have also always enjoyed good health, in whom, however, a cancerous taint obtains from inheritance, both grandfathers having died of cancer.

The first premonition of constitutional disturbance in this patient, and which seems to have marked the onset of this disease, occurred about five years ago, indicated by the sensation of burning of the soles of her feet, this lasting for several months, succeeded by severe pain in one of her knees, supposed to be rheumatism, which after a time subsided, but soon after the opposite knee was in like manner attacked, and from this time onward progressive lameness, pain and great suffering characterized the course of the disease until the end. A year ago last January, at which time she had become nearly helpless, one morning, in attempting to draw her right leg up in bed by the aid of her hands, the thigh bone suddenly broke at about the junction of the middle and upper thirds. This greatly increased her sufferings. The fracture was adjusted and dressed with appropriate retention appliances, by DR. LA FERTE, but no union followed, and in time all appliances were abandoned. A few months later, the opposite thigh broke a little higher up, and under similar circumstances with the first; since when, in more rapid succession, all the long bones have broken down and mostly disappeared, as was clearly revealed in the post-mortem, which was made about 12 hours after her death. The appearance of the body was remarkable; her height in health was five feet six inches; and her weight ordinarily was about 160 pounds. The cadaver measured just three feet and seven inches. The face and head, antero-posteriorly, were noticeably flattened as the result of the decalcified condition of the bones and the long-continued, unchanged and unchangeable dorsal decubitus. The pelvis also was greatly distorted, the action of the muscles connecting the lower extremities with the trunk producing constant pressure of the thigh bones against the acetabula, having had the effect of bucking the softened bones of the pelvis inward and upward, thus destroying the natural contour of the hips. Another noticeable fact in viewing the body was the maintained fullness of the muscular and adipose tissues; there was apparently no atrophy of the soft parts.

The grounds upon which a post-mortem was obtained were strikingly in the interest of science. A portion of the diseased bones for microscopical examination was the primary purpose set forth, upon which permission of the relatives of the deceased was granted, hoping that by such examination more light might be thrown upon the etiology of this, fortunately infrequent and peculiar disease. For this pur-

* A case reported to the Detroit Medical and Library Association, April 6, 1885.

pose I attempted to make a section of one of the tibial bones, but to my great surprise, on diligent manipulation I could discover no outline of bones in either leg, either above nor below the knees. I then examined the right arm, but it, as well as the lower extremities, was as soft and movable in any direction as a roll of dough. But the outline of the left radius was still discernible, which I, therefore, cut down upon, and removed this small section which I here exhibit for your inspection. The section was made easily with the scalpel only.

REPORT OF COMMITTEE.

DR. DUFFIELD: From what DR. HUTTON has said in the foregoing paper, the specimen of bone which he obtained from his patient was the firmest piece that could be found. So that ready section of it by the microtome was almost impossible, owing to the numerous particles of bone which interfered much with the cutting. Thin sections would crumble, and thicker sections would be so opaque as to be wholly useless.

On gross appearance, the bone seemed smaller than normal, the periosteum was very soft and spongy. Large sections with the scalpel could be easily made, the cutting being with considerable resistance, however.

DR. BROWN: The specimen was found to be one of osteo-malacia in a most advanced stage. The Haversian canals, in the periphery of which the process of decalcification and softening generally begins, and which, in the earlier stages form foci of the various areas, had quite disappeared, and the areas had become fused together. As a rough estimate, four-fifths of the specimen was of the softened tissue, whilst one-fifth, scattered around in little islands and cylinders, could be recognized as bone. The lacunæ seemed empty and had a ragged appearance, and the canaliculi were almost entirely obliterated. No lamellar arrangement could be discovered; on the contrary, these long parts were lumpy, as if infiltrated with calcareous matter.

The softened portion was not homogeneous, but composed of a variety of cells. Chief among them were granulation corpuscles, which, in certain parts, were becoming spindle-shaped, and in others had developed into a rude form of connective tissue. Other cellular elements in this portion were epithelial, or, perhaps, more properly, endothelial in character: small, flat bodies, mostly with a single nucleus. In some spots these cells were very numerous, and, when pressed closely together, a few containing double nuclei, gave the impression of malignancy.

AMERICAN MEDICAL ASSOCIATION.

The following summarized report of the 36th annual meeting of the American Medical Association was transmitted by the Medical Record's reporters by telegraph, and appeared in that journal in its issue of 2d inst. In addition to this report of the general session, our contemporary, in the same issue, publishes also a very full report of the proceedings and papers of the several sections. When it is remembered that the session closed on the 1st inst., the enterprise of the Record will be all the more apparent. We will publish a synopsis of the papers read before the sections, in future numbers of the AGE:

Tuesday, April 28th—FIRST DAY.

The Association met this morning, and was called to order at eleven of o'clock by DR. SAMUEL LOGAN, of New Orleans, Chairman of the Committee on Arrangements.

A prayer was offered by the REV. B. PALMER, D. D.

DR. LOGAN then introduced the President, DR. HENRY F. CAMPBELL, of Augusta, Ga., and afterward delivered the address of welcome, which was timely and well received.

The President invited the ex-Presidents to take seats on the platform, and DRS. T. G. RICHARDSON, of New Orleans, N. S. DAVIS, of Chicago, and J. M. TONER, of Washington, responded.

DR. CAMPBELL then delivered the

ANNUAL ADDRESS OF THE PRESIDENT.

in which he made a graceful recognition of the honor conferred upon not only himself, but the great Southern State he represented. He eulogized the long list of illustrious men who had guided the deliberations of this national body, from the noble CHAPMAN to the beloved FLINT, and made special reference to DRS. GROSS and SIMS, expressing the hope that the contemplation of the present and our dreams of the future might be as bright as the golden history of the past. He then paid glowing compliment to those living who had labored zealously, and were mighty and invulnerable in the promulgation of the truth, and with a soul-stirring tribute of respect to the father of the Association for his watchfulness over its interests, his tenacity for its honor, and increasing labor for its advancement, he closed his sketch of the past and the present illustrated with pictures of dead and living men.

The President spoke of New Orleans and the International Exposition, and compared them with the American Medical Association and the International Congress, all of which were representative bodies with broad constituencies.

From his predecessors had emanated sug-

gestions which had been formulated and had become fundamental parts of this national scientific body, and notable instances were the assured and satisfactory success of the Journal of the Association, and the organization of the Ninth International Medical Congress.

He asked early and systematic attention to the problem of forensic medicine, including the medical witness, the medical expert, and the medical defendant, and suggested that a new section be formed to which all discussions, papers, and reports concerning the relations of medical men to tribunals of law could be referred.

On motion of DR. BRODIE, of Detroit, a vote of thanks was tendered to the President, and the address was referred to the Committee on Publication.

On motion of DR. QUINBY, of Jersey City, it was agreed that that part of the President's address relating to forensic medicine be referred to a committee of five, to be appointed by the Chair, and to report within the present meeting.

The report of the Special Committee, DR. AUSTIN FLINT, SR., of New York, Chairman, on the death of SAMUEL D. GROSS, was read by DR. T. G. RICHARDSON, of New Orleans, and referred to the Committee on Publication.

DR. JOHN BILLINGS, U. S. A., in the absence of AUSTIN FLINT, SR., reported the success of the Special Committee in securing an appropriation from Congress for the erection of a fireproof building for the Army Medical Museum and Library at Washington, and in behalf of the Medical Department of the Army, returned thanks to the Association for the token of confidence and approval manifested in the institutions represented by the Library and Museum. The report was accepted, and referred to the Committee on Publication.

DR. BILLINGS reported the action which had been taken concerning the next International Medical Congress by the Executive Committee, in conformity with resolutions adopted at the last annual meeting of the Association, which has received publication in the medical journals throughout the United States.

On motion of DR. KELLER, of Arkansas, the report was made the special order for Wednesday, at 12 noon.

The report of DR. A. L. GIHON, on the subject of the erection of the monument to DR. BENJAMIN RUSH, was presented, and on motion by DR. TONER, of Washington, made the special order for Friday morning. Several papers were read by title, and referred to the Chairman of the section on Surgery, having been received too late to enter the printed programme.

The following gentlemen were made invited guests: DRS. EDWARD JONES, A. B. MILES, and C. J. BICKHAM, of New Orleans; A. E. FORTE, of Philadelphia; J. J. GAUTHEREAUX, of St. James, La.; and JAMES R. SCARBOROUGH, of Clinton, Ky.

A communication from the Medical Association of South Carolina, on the Discovery of the Anæsthetic Properties of Sulphuric Ether, was presented by DR. R. A. KINLOCH, of Charleston, and on motion by DR. BEVERLEY COLE, of San Francisco, was referred to the Section on Practice of Medicine and Materia Medica, with the request that it consider the subject and report to the Association.

The Association then adjourned, to meet on Wednesday morning, at ten o'clock.

Wednesday, April 19th—SECOND DAY.

The Association was called to order at 10 a. m. by the President, and prayer was offered by the REV. J. K. GUTHEIM, D. D.

DR. LOGAN, Chairman of the Committee of Arrangements, announced the reception of a telegram from W. O. BALDWIN, of Montgomery, Ala., regretting his inability to be in attendance.

The Secretary announced the following Committee on Nominations: JOHN COCHRANE, Alabama; R. A. KINLOCH, South Carolina; L. P. GIBSON, Arkansas; R. B. COLE, California; H. O. WALKER, Michigan; C. C. WYCKOFF, New York; WILLIAM PIERSON, New Jersey; W. H. PHILLIPS, Ohio; R. S. SUTTON, Pennsylvania; D. W. KROUSE, Iowa; J. A. WHITE, Virginia; J. H. MURPHY, Minnesota; N. T. NELSON, Illinois; T. G. RICHARDSON, Louisiana; C. H. SHACKFORD, Massachusetts; JOB W. SMITH, Florida; J. B. ROBERTSON, Texas; S. S. RIDDEL, Wisconsin; E. F. UPHAM, Vermont; A. Y. P. GARNETT, District of Columbia; L. D. WATERMAN, Indiana; G. W. BALDWIN, Kansas; B. F. COLEMAN, Kentucky; S. C. GORDON, Maine; R. J. NUNN, Georgia; J. MCACHRAN, Wyoming; JOSEPH R. SMITH, U. S. Army; GEORGE PECK, U. S. Navy; JOHN GODFREY, U. S. Marine Hospital Service; D. T. NELSON, Illinois; JOHN S. LYNCH, Maryland; G. M. TAYLOR, Mississippi; LE GRAND ATWOOD, Missouri; R. C. MOORE, Nebraska; W. E. ANTHONY, Rhode Island; D. J. ROBERTS, Tennessee; J. H. PIPES, West Virginia; C. J. O'HAGAN, North Carolina.

The next order of business was the address of the Chairman of the Section on Practical Medicine, Materia Medica, and Physiology, by DR. H. D. DIDAMA, of Syracuse, N. Y., who said that a literal compliance with the requirement of the by-laws, that a summary of the progress made in these departments during the past year would subject the Association to a wearisome recital of facts which had already been gathered and widely scattered again through the medium of medical journals. Special attention was directed to only two topics which had most recently engaged the observation of the

profession, namely, the comma bacillus and the hydrochlorate of cocaine. The speaker then reviewed the present aspect of the question of the relation which cholera and the comma bacillus sustain to each other, and then referred somewhat extensively to the general subject of bacterialogy and to the little help which it had given to the art of healing. But this negative result so far as treatment was concerned, did not detract in the least from the value of the discoveries and the spirit of inquiry should not suffer thereby. Let us labor and wait, and in the meantime direct a little more attention toward prophylaxis and therapeutics. DR. DIDAMA then reviewed the views of the neurologists who claim that a large proportion of diseases have their origin in disturbance of the nervous centres, and regard fever, rheumatism, etc., as neuroses. He alluded to humoral pathology, in which derangements of the blood were essential factors in etiology, and to the solidists who pin their faith to cellular pathology. Neither view was absolutely true, and neither wholly false. Each might be a factor in the origin of disease, and each the last in the circle of etiological causes. The chairman closed his address with a study of the reparative power when disease has invaded, and of the resisting power to the invasion.

On motion the address was referred to the Committee on Publication.

The address of the Chairman of the Section on Obstetrics and Diseases of Women was delivered by DR. R. S. SUTTON, of Pittsburgh, Pa. The subject of the address was ovariotomy. The first part of it was devoted to the history of the conditions surrounding McDOWELL'S first case. The deviations from McDOWELL'S method of performing the operation were then carefully traced up to the present day, and the conclusion reached was, that the operation, as left by McDOWELL, was almost as complete as at the present time. Two essential improvements were, the introduction of the cautery, by BAKER BROWN, and the cutting off of the long ends of the ligature, by NATHAN R. SMITH. DR. SUTTON then showed that from McDOWELL'S operation nearly all the intra-abdominal operations in surgery had sprung, and noted carefully the lectures and papers delivered on the subject during the last twelve months. He insisted, as in all former papers, upon greater care in the surroundings of all intra-abdominal operations, and in further proof of his position, pointed to the admirable results obtained by JOHN HOMANS, of Boston, and ROBERT BATTEY, of Rome, Ga., both of whom used the carbolic spray. He stated that for himself he did not use the spray, but looked on cleanliness and LISTERISM as linked so closely together that they might be said to be inseparable, for LISTERISM is the gospel of cleanliness. MR. LAWSON TAIT had said to him: "I have sold all my right, title, and interest in LISTERISM with my tea-kettle to BATTEY." At the close of his address, DR. SUTTON referred to DR. J. MARION SIMS as one whose name was synonymous with the surgery of women, beloved of his own countrymen, and honored by the entire surgical world.

On motion by DR. W. W. POTTER, of Buffalo, N. Y., the thanks of the Association were tendered to DR. SUTTON for his address, and the address was referred to the Committee on Publication.

DR. W. C. VAN BIBBER, of Baltimore, then delivered an address containing suggestions in regard to the construction of a health city in Florida, or peninsular and sub-peninsular air and climate, and urged that change of air sometimes permanently arrests pulmonary disease in its first stage, and that the most favorable climate for yielding such a result was one where the temperature ranged from between 70° to 80° F., provided it is good, healthy air. Such a climate can be obtained on the Gulf Coast of the Peninsula of Florida, and if medical, social, and scientific interests would unite at once in the erection of a health city in the locality, it could be made so as to have no equal elsewhere.

The hour for the special order having arrived, the reading of DR. VAN BIBBER'S paper was discontinued.

DR. SHOEMAKER, of Philadelphia, then took the floor, and protested against the report of the Committee of the International Medical Congress, on the ground that the Committee had exceeded its authority; that it had yielded to the threat made by the New Code men at Copenhagen, that unless they were recognized they would use their influence to prevent the Congress from coming to the United States; that a bargain was made, and that men from his own city, who had declared the Medical Association to be a "log-rolling, wire-pulling organization," had been lifted to exalted positions in the proposed official list of the next Congress.

DR. F. E. DANIEL, of Texas, offered the following preamble and resolution:

Whereas, At the last meeting of the American Medical Association a committee of seven was appointed to confer with the International Medical Congress, to be held in Copenhagen, with the view of securing the next meeting of that body in 1887, in Washington, D. C., and for the purpose of arranging for said meeting, and

Whereas, That Committee, after having accomplished said object, have proceeded, without authority from this body, to appoint the several officers of sections and committees, which appointments have been published, and thus acquired the color and aspect of an official action of this body, and

Whereas, This Association recognizes said Committee as a Committee of Arrangement only, it declines to recognize or accept the said appointments which it has made. Therefore be it

Resolved, That the Committee on Nominations be instructed to select and present to this body nominees for the office of president and all the other officers of the approaching International Medical Congress.

DR. J. S. BILLINGS, of Washington, said that all which had been said concerning a threat or a bargain at Copenhagen between the Committee and the New Code men, was totally and absolutely untrue, and that the Committee had enlarged itself and performed the work it had done fully believing that it was in conformity with the resolution passed at the last meeting of the American Medical Association, which gave the Executive Committee full power in case the invitation was accepted, to fix the time and to make up special and necessary arrangements for the meeting of the Congress, solicit funds, etc. The Committee as enlarged and as originally constituted, was composed of men whose honesty of purpose and motives could not, with propriety be questioned, and if any mistake had been made or any authority had been overreached, as there might be room for honest difference of opinion concerning the exact power of the Committee, it had been unintentional, and did not deserve an unqualified condemnation.

Speaking as a member of the American Medical Association, he thought it unwise to condemn absolutely the work which had already been performed by the Committee, thereby suggesting that the work of organizing the International Medical Congress could be done by the Committee on Nominations in a single afternoon or at a single meeting.

DR. GABRIEL, of Ohio, was a delegate to Copenhagen, was consulted while there, and thought that the delegates should not have been ignored by the Committee.

DR. QUINBY, of New Jersey, thought that the Committee had entirely overstepped its authority, not intentionally, only in head and not in heart.

DR. KELLER, of Arkansas, regarded the Committee as a creation of this Association, to which it should report as successive steps are taken. He offered the following as a substitute for DR. DANIEL'S resolution:

Resolved, That the Committee appointed by the American Medical Association to arrange for the meeting of the International Medical Congress in 1887, be enlarged by the addition of members from this Association, one from each State and Territory, and from the Army and Navy, and Marine Hospital Service, and the District of Columbia, to be appointed by the present presiding officer, DR. J. S. LYNCH, of Baltimore, First Vice-President, and that this Committee thus enlarged shall proceed to review, alter, and amend the action of the present Committee as they may deem best.

DR. KELLER spoke against placing men in official positions in the organization of the Congress who were in direct opposition to the American Medical Association.

DR. COLE, of California, said that while the Committee had erred, he would not accuse them of having done so deliberately in violation of their judgment. The fact that they had been reverenced had made them arrogant. He would simply have the enlarged Committee, if DR. KELLER'S substitute should be adopted, cull the appointments, purify them, and place none in official positions who were not recognized as loyal to the Code of Ethics under which this Association was bound.

DR. KING, of Missouri, believed that while no one should doubt the honesty of the Committee, the conclusion could not be avoided that it had exceeded its authority. From the work which it had done it would seem that there was no West, no South, and only North and East. Besides, the Committee had gone outside and appointed gentlemen who are not members of this Association. He concluded by saying: "The specialists of the new code persuasion should be taken by the top of the head and their throats cut at once."

DR. SHOEMAKER repeated that the delegates from this Association to the International Medical Congress at Copenhagen were ignored by the Committee, that the New Code men demanded a representation, that they had received recognition, and that they had been ignored.

DR. DANIEL thought that it was not right that the empire of Texas should be ignored as it had been.

DR. SANDERS, of Tennessee, said that the Committee had placed its construction upon the instructions given by the Association, and that the proposition now was to almost absolutely ignore their honest efforts, and adopt a resolution which would emasculate the entire work.

He offered as a substitute for DR. KELLER'S substitute a resolution that the Association approves of the action of the Committee so far as it has been done, provided that the names of New Code men are left out.

DR. ROBERTS, of Philadelphia, thought if the Committee had exceeded its power, it had been through error, that it was not the duty of the Committee to consult the delegates at Copenhagen, and that dissensions and a new order of publication at this state of the arrangements would seriously jeopardize the success of the next Congress.

DR. GHENT, of Texas, said that it looked as

though there was "a bug in the ship somewhere." He favored DR. KELLER'S resolution.

A motion to adjourn was lost—ayes 44, nays 360, and a vote was called for on DR. SANDERS' resolution.

DR. TONER, of Washington, suggested that a contingency should not be entertained. A division was taken, and resulted—ayes 88, nays 129.

DR. KELLER'S resolution being in order, DR. D. E. BIRD, of Arkansas, offered an amendment that the States here represented select through their representatives the additional members of the Committee, and the present presiding officer appoint for those States and bodies not represented.

DR. KELLER accepted the amendment and, thus amended, his substitute for DR. DANIELS' resolution was adopted without dissent.

The Association adjourned to meet on Thursday at 10 A. M.

THURSDAY, April 30th—THIRD DAY.

Association called to order by the President.

Prayer was offered by the REV. W. H. WATERS, D.D.

DR. W. W. PORTER, of Buffalo, N. Y., called up an amendment to the by-laws offered last year by DR. FOSTER PRATT, of Michigan, empowering each section to elect its own officers, on which discussion took place, and was followed by a motion that it be laid over for consideration next year, which was carried.

DR. N. S. DAVIS, from the Standing Committee on "Meteorological Conditions and their Relation to Prevalence of Diseases," reported and incorporated within the Report that of Professor K. H. LONG, of the Northwestern University.

The report was accepted and the Committee continued.

DR. DAVIS further reported concerning the subject of the collective investigation of disease in co-operation with the Committee of the British Medical Association and the Committee of the International Medical Congress. The work has now so extended that a large number of nations have undertaken to perform it regularly, and the Committee recommend that work be extended to and performed, as far as possible, by State Medical Societies, and the details of investigation be carried out by means of cards obtained of the Central Committee.

The report was adopted and referred for publication.

DR. N. S. DAVIS, Chairman of the Committee appointed last year to make some declarative interpretation of certain points in the Code of Ethics, submitted the following report in the form of a preamble and resolutions:

Whereas, Persistent misrepresentations have been, and still are being made, concerning certain provisions of the Code of Ethics of this Association, by which many in the community, and some in the ranks of the profession, are led to believe its provisions exclude persons from professional recognition simply because of difference of opinion or doctrine; therefore be it

Resolved, That Clause 1, Article IV., in the National Code of Medical Ethics, is not to be interpreted as excluding from professional fellowship, on the ground of difference in doctrine or belief, those who in other respects are entitled to be members of the regular medical profession, neither is there any other article or clause in said Code of Ethics that interferes with the exercise of the most perfect liberality of individual opinion and practice.

Resolved, That it constitutes a voluntary disconnection or withdrawal from the medical profession proper to assume a name indicating to the public a sectarian and exclusive system of practice, or to belong to an association or party antagonistic to the general medical profession.

Resolved, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the Code which relates to consultations cannot be correctly interpreted as interdicting, under any circumstances, the rendering of professional services whenever there is pressing or immediate need of them; on the contrary, to promptly meet the emergencies occasioned by disease or accident, and to give the helping hand of assistance without unnecessary delay is a duty fully enjoined on every member of the profession, both by the letter and spirit of the entire Code, but no such emergencies or circumstances can make it necessary or proper to enter into professional consultation with those who have voluntarily disconnected themselves from the regular medical profession in the manner indicated by the preceding resolution.

(Signed) N. S. DAVIS, Chicago.
A. Y. P. GARNETT, Washington.
H. F. CAMPBELL, Augusta, Ga.
AUSTIN FLINT, SR., New York.
J. B. MURDOCH, Pittsburgh.

This report was adopted unanimously as an interpretation of certain clauses in the Code.

The address of the chairman of the section on surgery and anatomy was then delivered by DR. DUNCAN EVE, of Nashville, Tenn.

The first part of the address contained a rhetorical reference to surgery before anatomy was understood, and to what it had accomplished from the days of the ancients down to the present time. Special mention was then made to some of the noteworthy contributions which had been published during the past year, as "Internal Œsophagotomy," by DR. H. B. SANDS, of New York; "Colotomy," by DR. J. H. PACKARD, of Philadelphia, "New Method

of Treating Bone Cavities in the Lower Part of Femur," by DR. F. LANGE, of New York; "Cholecystotomy," by DR. J. H. MUSSEY and W. W. KEEN; "Impacted Calculi in Ureter," by DR. HENRY MORRIS; "Woven Wire Corset," by DR. S. W. SMITH, of New York; "Successful Reduction of Dislocation of Sixth Cervical Vertebra," by DR. J. WEED; "Treatment of Wounds," by DR. L. S. PILCHER, of Brooklyn; and of surgical literature special reference was made to the last two volumes of the International Encyclopædia of Surgery, Van Buren's "Lectures," edited by L. A. Stimson; DR. T. M. MARKOE on "Sarcoma of Synovial Sheaths;" DR. MOSES GUNN on "Philosophy of Reduction of Dislocations," and DR. WALTON, on "Antiseptic Surgery in Private Practice." The address closed with a beautiful tribute to the memory of the late DR. SAMUEL D. GROSS.

The address of the Chairman of the Section on State Medicine by DR. E. W. Schauffler, of Missouri, was read by title and referred to the Committee on Publication.

The report of the Treasurer showed a balance in the treasury of $832.11, and an addition of 125 members.

According to the new method adopted last year, the Librarian was authorized to send a report directly to the editor of the Journal.

DR. J. M. TONER read the report of the Committee on Publication, which included the report of the Board of Trustees of the Journal, in which it appeared that at the close of the second year the Journal is free from debt, and that it commands an income which, if not diverted elsewhere, will enable the editor, with his corps of assistants, to make it one of the foremost journals in the land. The total income for the second year was $21,000, and the total expense, except editorial salary, twelve thousand odd dollars.

The publication of the Journal will be continued in Chicago. DR. DAVIS will remain editor, having withdrawn his resignation at the earnest and unanimous request of the Board of Trustees.

In response to repeated calls DR. DAVIS addressed the Association and spoke at some length concerning the requirements to be met and the obstacles to be overcome in making a first-class medical journal, all of which could be accomplished by prudence and perseverance.

DR. N. H. REED, of Mansfield, O., offered the following resolution, which was adopted:

Whereas, There is no stimulus for original research at present in the Association,

Resolved, That a first and second honor prize be offered for the best and second-best paper in each Section at the next meeting of the Association, and that three judges be appointed, no two of which shall be from any one State; and said papers shall not occupy more than thirty minutes.

The following resolution, offered by DR. J. ROBERTS, of Philadelphia, adopted by the Section in State Medicine, and referred to the Association, was read and laid upon the table temporarily:

Resolved, That the Section in State Medicine earnestly advocate establishing in every State and Territory boards of medical examiners, who shall examine all practitioners, and whose license shall be the only license to practice medicine.

On motion by DR. J. M. TONER, of Washington, the report of the committee on erecting a statue of BENJAMIN RUSH was taken from the table and read by the Secretary. The report closed with the following resolution, which was adopted, and the following committee appointed: DRS. A. L. GIHON, of Washington; HENRY SMITH, of Philadelphia; R. A. KINLOCH, of Charleston; S. C. GORDON, of Maine; J. H. MURPHY, of Tennessee; M. H. HENRY, of New York.

Resolved, That this Association undertake to erect a statue in the city of Washington by members of the profession in the United States, and that the necessary funds be obtained by subscriptions limited at $1.00, and by voluntary donations from such others as may be interested in the matter.

The Secretary announced the following Committee on that part of the President's Address relating to forensic medicine: DRS. I. N. QUINBY, of New Jersey; X.C. SCOTT, of Cleveland, O.; W. W. DAWSON, of Cincinnati, O.; F. E. DANIEL, of Texas; J. V. SHOEMAKER, of Pennsylvania, Ga.

DR. R. A. KINLOCH, Chairman, read the following report of the Committee on Nominations, which was adopted:

President—DR. WILLIAM BRODIE, Detroit, Mich.

Vice-Presidents—DRS. SAMUEL LOGAN, New Orleans; A. Y. P. GARNETT, Washington; CHARLES ALEXANDER, Wisconsin; W.F. PECK, Iowa.

Permanent Secretary—W. B. ATKINSON, Philadelphia.

Treasurer—RICHARD J. DUNGLISON, Philadelphia.

Librarian—C. H. A. KLEINSCHMIDT, Washington, D. C.

Officers of Sections: Practice of Medicine—JAMES T. WHITTAKER, Cincinnati, Chairman; B. L. COLEMAN, Kentucky Secretary. *Section on Obstetrics*—S. C. GORDON, Maine, Chairman; J. F. Y. PAINE, Texas, Secretary. *Section on Surgery and Anatomy*—DR. N. SENN, Milwaukee, Wis., Chairman; H. H. MUNN, Missouri, Secretary. *Ophthalmology, Otology, Laryngology*—DR. EUGENE SMITH, Detroit, Mich., Chairman; J. FULTON, Minnesota, Secretary. *Dis-*

eases of Children—DR. W. D. HAGGARD, Tennessee, Chairman; DR. W. B. LAWRENCE, Kansas, Secretary. *Dental and Oral Surgery*—DR. J. H. MARSHALL, Illinois, Chairman; DR. J. E. BALDWIN, Illinois, Secretary. *Committee on State Medicine*—DR. J. S. RAUCH, Illinois, Chairman; DR. F. E. DANIELS, Texas, Secretary. *Committee on Necrology*—DR. J. M. TONER, Washington, Chairman.

Judicial Council—DR. R. A. KINLOCH, South Carolina; D. D. SANDERS, Tennessee; T. G. RICHARDSON, Louisiana; D. A. KETCHUM, Alabama; GEORGE BEARD, West Virginia; J. M. TONER, District of Columbia; A. M. POLLAC, Pennsylvania.

Place of Meeting—St. Louis, Mo., on the first Tuesday in May, 1886.

The following members were added to Committee on International Congress: DRS. D. A. LINTHICUM, Arkansas; GEORGE A. KETCHUM, Alabama; A. R. SMART, Michigan; J. V. SHOEMAKER, Pennsylvania; F. A. SIM, Tennessee; J. W. MCLAUGHLIN, Texas; A. Y. P. GARNETT, District of Columbia; S. C. GORDON, Maine; JOHN S. LYNCH, Maryland; ELLSWORTH ELIOT, New York; X. C. SCOTT, Ohio; W. C. DABNEY, Virginia; NICHOLAS SENN, Wisconsin; ROBERT BATTEY, Georgia; J. W. DUPREE, Louisiana; W. E. ANTHONY, Rhode Island; R. D. MURRAY, Florida; E. P. COOK, Illinois; J. B. HAMLIN, Marine Hospital Service; R. B. COLE, California; CHARLES DENISON, Colorado; F. W. BEARD, Indiana; D. W. STROMONT, Kansas; L. P. BUSH, Delaware; A. H. WILSON, Massachusetts; WILLIAM PIERSON, New Jersy; R. A. KINLOCH, South Carolina; W. H. WATSON, Kentucky; S. C. GORDON, Maine; E. FRENCH, Minnesota; N. F. ESSIG, Missouri; R. C. MOORE, Nebraska; G. BAIRD, West Virginia; Surgeon-General MURRAY, U. S. Army; Surgeon-General GUNNELL, U. S. Navy.

DR. QUINBY, of New Jersy, offered the following resolution, which was adopted:

Resolved, That the Committee appointed in pursuance of a resolution adopted by this Association, April 30, 1885, to constitute an addition to the original committee of seven, previously appointed, to invite and make arrangements for the meeting of the International Medical Congress, to be held in Washington, D.C., 1887, be and the said Committee is hereby authorized and empowered to select a Chairman and Secretary, and to fill all vacancies that may occur by death or inability to attend on the Committee, and to appoint the officers of the Congress.

The Committee met immediately to make preliminary organization.

DR. BRODIE resigned from the Judicial Council. Resignation accepted and referred to Committee on Nominations.

DETROIT MEDICAL AND LIBRARY ASSOCIATION.

Regular meeting, March 16, 1885.

Meeting called to order by PRESIDENT INGLIS.

The library committee, through DR. CARSTENS, chairman *pro tem.*, reported that the committee and the new librarian, DR. H. A. WOOD, were going to take hold with a strong hand.

DR. WALKER exhibited a new staff catheter devised by himself, and then made the following report:

March 15.—I assisted DR. H. R. CASGRAIN, of Windsor, in an operation for strangulated hernia in a man 78 years old. The hernia had existed for 40 years, no truss having been worn. A large piece of the omentum was found extending down into the sac; this was removed. Three feet of intestine were also contained in the sac; it was very dark, and fears of its non-resuscitation were entertained, but with applications of hot water it revived. Soon after the hernia was reduced. The patient had a large evacuation from the bowels.

DR. CASGRAIN said that all the symptoms of the patient were very favorable for recovery, the patient having had no fever, and a good appetite soon after the operation.

DR. WALKER briefly reported another case of strangulated hernia in a man over 70 years of age.

DR. MCGRAW reported a case of tumor of the axilla and breast, in a woman aged 70. The tumor had been in the axilla five or six years, was perfectly movable, and resembled a simple adenoma. About six months ago a tumor appeared in the breast, upon the same side upon which the axillary tumor existed. Its growth was rapid, and an operation for its removal was advised and performed.

DR. F. W. BROWN reported that both tumors were carcinomatous; both were malignant, and contained cysts.

DR. BROWN also exhibited microscopical sections of the kidneys, mentioned and exhibited by DR. MCGRAW at a preceding meeting. One kidney was very small and entirely useless, it being diagnosed as one of chronic cirrhosis with obliteration of the uriniferous tubules and glomeruli, rendering the organ wholly unfit for duty. The other kidney, though compromised by abscess, still carried on the secretion of urine.

DR. GEO. DUFFIELD exhibited a peculiar parasite, as found in spermatazoa, something entirely unknown; also a slide of uric acid crystals.

MISCELLANEOUS BUSINESS.

Under this head DR. CARSTENS read a portion of a bill that had been introduced into

the legislature with reference to contagious diseases, especially that part with reference to puerperal fever, which, as read, made it obligatory for all physicians to wait 30 days, after having attended a case of puerperal fever, before attending another case of labor.

DR. CARSTENS thought this interval too long, as the disinfectants now used were wholly efficient in the removal of diseased germs.

DR. LYSTER thought that the limitation of two weeks' purification was plenty long enough; he thought a limitation necessary, and showed the careless way many practitioners had in examining lying-in patients.

The doctor entered into a long talk upon the ætiology of puerperal fever, saying that nearly all cases came with the mid-wives, he having seen only three cases that came primarily in his own practice.

DR. CARSTENS urged that some means be taken to prevent the bill passing the senate.

A resolution was then passed, protesting against the passage of the latter part of SENATOR S. W. SMITH'S bill on public health, which reads: "or who shall attend a woman in childbirth within one month after attending a case of puerperal fever."

This resolution was referred to the publication committee, with power.

DR. L. H. JOHNSON read a paper, the subject of which was: "Delirium the Result of Malaria."

Several cases were reported; also the symptoms and kinds of disturbances which follow malaria toxæmia.

DR. BACHE reported a case of membranous croup in a child two years old, who recovered, tracheotomy not being performed.

The medicines used were, first, an atomizer of of lime water and glycerin, another, spray of chlor. potass. and ammon. muriate. The fluid extracts of eucalyptus and jaborandi were used with calomel in small doses. For an emetic the yellow subsulphate of mercury was used in two-grain doses, given when breathing became labored.

DR. J. W. ROBERTSON reported several cases of acute laryngitis in physicians.

DR. ERWIN WRIGHT was elected to active membership.

Adjourned.

Regular meeting, April 6, 1885.

DR. H. W. LONGYEAR, vice-president, in the chair.

Letters of acknowledgment for the certificates of membership of the association were read from DR. W. W. JONES, of Toledo, Ohio, from DR. W. H. BYFORD, of Chicago, Ill., and from DR. H. B. BAKER, of Lansing, Mich.

A letter announcing the shipment of books and pamphlets from DR. H. B. BAKER, of Lansing, was read. The books and pamphlets had been received by the secretary, and were upon the table for inspection.

A vote of thanks was sent to DR. BAKER, of Lansing, for his valuable gift.

The nominating committee made the following report:

For delegates to the American Medical Association:

DAVID INGLIS,	EUGENE SMITH,
E. L. SHURLY,	H. O. WALKER,
T. A. MCGRAW,	J. G. JOHNSON,
C. J. LUNDY,	E. W. JENKS.

The report was adopted.

The Publishing Committee made the following report (DR. JENNINGS, chairman):

The publishing committee endeavored to enlighten the minds of the public upon puerperal fever, by an article which was published in the secular press, relative to Senator S. W. SMITH'S bill on public health, as referred to by the Secretary in the reading of the last minutes.

DR. MCGRAW exhibited an entire clavicle which he had removed for a small nodulated tumor that was growing rapidly about its middle third. Nodules also were found in the great pectoral muscle. A microscopical slide of the tumor which had been prepared by DR. BROWN, showed it to be round cell sarcoma with giant cells.

DR. MCGRAW exhibited a large cystic sarcoma from the head of the tibia, the muscles adjacent to the tumor were infiltrated and were removed. The peroneal nerve could not be dissected from the mass.

DR. MCGRAW exhibited a male patient, showing a good result from conservative surgery. On the night of December 14, 1884, the patient was waylaid and shot, two balls passing through the patella, producing a compound communited fracture opening into the knee joint; no pieces of bone were removed; the leg was placed in simple paste-board splints and healed nicely. There is now considerable motion at the knee. The patient walks without use of cane or crutch.

DR. JENNINGS had seen the man when first shot, and thought then the prognosis to be a grave one indeed.

DR. MCGRAW had seen a case of fracture of the patella with DR. BONNING, where the leg had been kept in splints for three months, but no union had taken place. At one time the muscles of the leg had been paralyzed, though at present no paralysis exists.

DR. HARVEY exhibited a cast of the trachea and bronchi which had been thrown off by a diphtheritic patient. The patient, however, succumbed to the violence of the attack.

DR. HUTTON exhibited a bone in which the degeneration of osteomalacia had begun, and then read a paper reporting the case. (See page 194.)

The specimen was referred to a committee of three, consisting of DRS. BROWN, LONGYEAR and DUFFIELD, for microscopical examination.

DR. J. G. JOHNSON asked if the patient had had the odor of phosphorus in her breath. The only case DR. J. had seen, had a very marked phosphorus breath.

DR. HUTTON had not observed it.

DR. J. G. JOHNSON read the paper of the evening on "Softening of the Brain." (See page 193.)

Communications were read from DRS. C. B. BURR and JAS. D. MUNSON, upon the subject.

DR. J. D. MUNSON, of the Eastern Michigan Asylum, who was invited to be present, but was unable to attend, submitted the following in his letter of regret:

The scope of the doctor's paper is a very large one, and I hardly know what direction he will give it. We have observed that nearly every form of mental disease has been called "softening of the brain" by the friends or physicians of the sufferer. There seems to be something very potent in this term to the lay mind, for whether the patient dies or passes into fatuity, no fault is found with the treatment so long as they feel that he had this malady. At the beginning of my asylum experience, practitioners more frequently diagnosed "softening" than they do now. I think I can safely say that the profession is much better informed in regard to nervous and mental diseases in general than it was seven years ago. The diagnosis of general paralysis, according to our experience, is not usually made before the admission of the patient to the asylum, and it is more frequently than any other form of mental disease, called "softening of the brain." As is well known, the pathology of general paralysis is the opposite of that of ramollissement. There is an increase of the neuroglia; changes in the walls of the blood-vessels, with consequent starving and atrophy of the nerve fibres and cells, in this disease. If softening occurs in general paralysis, it is secondary to embolic or thrombotic occlusion of the cerebral vessels, or to hæmorrhage in the brain substance. We have quite a number of patients who suffer from organic dementia, that is, mental impairment following apoplectic seizures, to occlusion of the cerebral vessels, and the like. Clouston says:

"These destructive processes act by cutting off large tracts of the convolutions by destroying part of the projection and association system of fibres by which the convolutions are brought into connection with the basal ganglia, the cerebellum, and the cord and the muscles, or with each other. A brain affected by apoplexy or embolism, and in that case probably having its blood-vessels generally diseased, is an organ on the verge of dissolution." In many of these individuals brain softening has been present to a greater or less extent. In this kind of cases the softening is usually overlooked, and we hear much about "brain paralysis." "Mental decay is never thought of as a mental disease at all. It is rather looked upon as a necessary and natural accompaniment of bodily disease." It would be extremely unscientific to classify the simple insanities with the organic cases, and an injustice might be done to a person by this loose application of terms. It is possible for persons to suffer quite extensive softening in the motor regions of the brain and still retain quite perfect intelligence. Aphasic cases are good illustrations of this point. "Cerebral softening" is an unfortunate term, from the fact that it is looked upon as the *disease*, while it is only a result, and always dependent upon some preceding trouble. Encephalitis may be followed by softening and occlusion of large brain-arteries, etc.

The medico-legal aspect of the question is a vast one, and no doubt DR. JOHNSON will bring out all the salient points. I cannot attempt to discuss it here.

DR. J. E. EMERSON said that all were aware of the misuse of the term, and how much the laity could and did know about the disease. All forms of brain diseases are classed by the laity as "brain softening," *e. g.*, general paralysis and paralytic dementia which is not one and the same disease. In our old text-books we read of "red, yellow and white softening," which are now known as the different stages of one disease, the parts having had their circulation cut off either by embolism, thrombus or apoplectic pressure.

The doctor then described a pathological brain that he had seen when the changes were in the pons, which was so soft as to lose its shape and break down entirely when the brain was removed from the skull.

Would the laity look upon such a case as this as one of paralysis or of softening?

The following case was then reported to show where real softening occurred without the symptoms usually noticed by the laity:

The patient had repeated attacks of epileptiform seizures; had had an attack of hemiplegia; complete loss of consciousness, coming on after severe convulsions and followed by paraplegia, more and severer convulsions, and then by death.

DR. MCGRAW reported a case of an old gentleman who had severe epileptiform convulsions occurring at night, but who had no paralysis following the attacks. After some months he became quite insane, and is so still.

DR. CARSTENS reported a case that had given symptoms of brain softening, but noting peculiar spots upon the head, thought it best to give iod. potass. in large doses, and the patient began to be benefited.

DR. C. asked how one should proceed when

called upon to give an opinion in a case of softening.

DR. EMERSON said that the way to do was to say what the trouble was clinically but not pathologically. Say that it was dementia if symptoms of it were present.

DR. DOUGLAS reported the following case, as it bore upon the subject under discussion:

Patient, male; aged 40. Has had headache for twenty years. Has epileptiform seizures; when the attacks began they were at night, but one occurring; now they are increased to three or four in a night. These attacks come on after mental worry and over-work.

There is soreness on left side and in arm. After the attacks the intellect is not perfectly clear for two or three days after the convulsion. The patient has begun to lose confidence in himself. The attacks occur as often as every two months, and the patient is prostrated in bed for two or three days after the attack.

Twice the humerus has been partially dislocated in the epileptiform attacks.

After these attacks the eyes are always affected. The patient is myopic.

DR. EMERSON said that DR. LEARTUS CONNOR relates a case where epileptiform seizures were entirely cured by correcting the eyes, which were astigmatic.

DR. C. B. GILBERT said: Some years ago I was called hurriedly to St. Mary's Hospital to see a patient that had just been brought in. A man, whose face was flushed, eyes injected, arms contracted; the patient was comatose, suffering, as was plain to be seen, from congestion of the brain. Tartar emetic was given, the man rallied a little, spoke to one of the sisters, became comatose again and died. The next day a post-mortem examination revealed a spot in the cerebrum about the size of a small tea-cup, where local softening was progressing. The whole brain showed that it had been the seat of acute inflammation. The previous history was an entire blank, and yet there was what is known as "brain softening."

Another case was that of a man, lame in one limb. Has mental aberrations, walks hurriedly, drags left foot after him, talks little and incoherently, at close of sentence will repeat last word several times. Evidently the result of sclerosis of the brain, following sclerosis of the spinal cord. The case is one of depression.

The following case illustrates the opposite side of the case:

A young man of poor habits; a wanderer in mind and body; is very loud in his conversation, very demonstrative in his actions, and has many grand delusions.

DR. EMERSON had seen this case and said that there was evidently some specific taint in the patient, but treatment failed to give the desired relief.

The lateral columns of the cord are, no doubt, affected as well as the higher nerve centres, for he walks striking his heels first.

DR. EMERSON continued: The first case reported by DR. GILBERT, was evidently due to some local irritation. The second one was, no doubt, due to epilepsy.

DR. EMERSON reported a case of a dentist who suffered from insomnia for a long time, with excruciating pain in the back of the neck. No anodyne would seem to relieve the pain. Since the pain first developed, attacks simulating epilepsy came on. The patient has been improving under the use of small doses of atropine and blisters applied to the nucha and to the mastoid process. Patient has at times symptoms of angina pectoris, which are often very severe.

DR. W. B. SPRAGUE asked if it were not possible for patients to simulate angina pectoris.

DR. LYSTER thought that those who chewed tobacco and swallowed the juice, were subject to irregularities in respiration.

DRS. C. B. BURR and J. D. MUNSON, of Pontiac, were elected to corresponding membership, and DR. W. J. CREE and F. W. ROWLEY to active membership.

Adjourned.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.

The annual meeting of the Association of Medical Editors met April 27th, 1885, at 8:00 p. m., in the Medical College of Tulane University, and was called to order by the President, H. O. MARCY, M. D., of Boston, Mass., ex-associate editor of the Annals of Surgery and Anatomy.

Members present: *Vice-President*, JOHN V. SHOEMAKER, M. D., Philadelphia, Pa., Editor of the Medical Bulletin; *Secretary*, H. O. WALKER, M. D., Detroit, Mich., Ex-Associate Editor of the MEDICAL AGE; N. S. DAVIS, M. D., Chicago, Illinois, Editor of the Journal of the American Medical Association; LEARTUS CONNOR, M. D., Detroit, Mich., Editor of the Detroit Lancet; JOHN H. WARREN, M. D., Editor International Review of Medicine and Surgical Technics; WM. BRODIE, M. D., Detroit, Mich., Ex-Editor of the Therapeutic Gazette; F. E. DANIELS, M. D., Austin, Texas, Editor of the Courier-Record of Medicine; L. DUNCAN BULKLEY, M. D., Editor of Archives of Dermatology; F. L. SIMS, M. D., Memphis, Tenn., Editor Mississippi Valley Medical Monthly; J. W. SCHAUFFLER, M. D., Topeka, Kansas, Editor of the Kansas Medical Journal; A. J. STONE, M. D., St. Paul, Minn., Editor Northwestern Lancet; A. S. CONKLIN, M. D., Ex-Editor Columbus Medical Journal; H. D. BRUCES, M. D., New Orleans, La., Editor New Orleans Medical and Surgical Journal.

The minutes of the last meeting, held at Washington, D. C., were read and approved.

Dr. Henry O. Marcy then read his annual address entitled, "The Legislative Establishment of Medical Examining Boards in America." The address was an able one, and fully showed the great necessity of protecting the public from the vandalism of quacks and charlatans.

Dr. F. E. Daniels, of Austin, Texas, followed with a witty and instructive paper upon the history of the various attempts and failures to procure legislative enactment in behalf of the people of Texas.

The Nominating Committee, consisting of Drs. Connor, Sims, and Warren, then reported the following named gentlemen for officers for the ensuing year: Dr. H. O. Walker, President; F. L. Sims, Vice-President; and F. E. Daniels, Secretary, and on motion they were duly elected.

On motion a paper by Dr. J. S. Billings, was referred to the Section on State Medicine of the American Medical Association.

The papers of Drs. Marcy and Daniels were referred to the Journal of the American Medical Association for Publication.

The Association then adjourned to meet the Monday evening previous to the meeting of the American Medical Association, and at the same place.

The meeting can be recorded as a successful one. The papers were above the average, and the attendance was large.

Correspondence.

PERMEABILITY OF THE ILEO-CÆCAL VALVE FROM BELOW.

The Medical Age of April 10th, contained a communication from Dr. Weil, of Buffalo, in answer to Dr. Stowell, of Ann Arbor, in reference to the possibility of a liquid being forced through the ileo-cæcal valve. It has been my practice for the last four years to feed per rectum in cases of continued irritation of the stomach. In the fall of 1884, I attended a woman suffering from peritoneal tuberculosis, and one of the most distressing symptoms was nausea and vomiting, necessitating feeding per rectum; which was continued for three months and ten days. The liquid so used consisted of beef-tea (made from extract) ℥ iij every four hours, with quinine gr. j. Now, the only thing taken by the mouth was brandy and water, and clear water, and although the patient was not aware that she was taking quinine, she stated after each act of vomiting that she could taste the drug as well as the beef-tea, and at the post-mortem, the lower portion of the small intestines was found fairly distended with beef-tea.

Case 2, was a male, aged about 50 years, with malignant growth of greater curvature of stomach and transverse colon. He could retain nothing in the stomach excepting hot water.

Gave beef-tea, ℥ iij, and quinine, gr. ij, every five hours. The patient could readily inform me when I discontinued using the quinine, and he could also taste the tea. On post-mortem examination the small intestines contained the solid portion of the tea.

Now, as far as I am concerned, there is no doubt as to the passage through the valve from below, for what you see must be believed. Furthermore, could life have been sustained for 100 days, if the substance did not pass into the small intestines? Could there have been enough absorption in the large intestine? If every physician who has a case of rectal feeding, will follow it closely, he will (I think, without a doubt,) find what I found.

Cyrus Kay, Jr. M. D.

Herkimer, N. Y.

BACTERIOMANIA.

As becomes one who moves in the humble and circumscribed sphere of a country practice, I have watched (in silence) the rise and progress of Bacteriomania, though I have ventured to elevate the eyebrows at the somewhat premature conclusions sometimes jumped at by brethren, the altitude of whose position in the scientific world should be a guarantee against illy-digested opinions.

Most of the experiments in this line have been with a view to establish a pre-conceived theory, and with the first discovery of a favorable fact comes the cry, Eureka! It would be the quintessence of egotism in me to speak doubtingly on any subject conclusively settled by such men as Koch, Pasteur, *et al.* Yet, with the proverbial irreverence of progression, I fain would ask if the bacilli produce cholera, cholera the bacilli, or if their action may not be reciprocal? It sounds to me like the old question of priority between the hen and the egg. My own belief is that any lesion involving the death of tissue will produce some form of micro-organism, and *vice versa*, the organism will reproduce the original lesion if transplanted under favoring circumstances. At least I believe this to be in accordance with the best known laws of nature.

Geo. A. Trott, M. D.

Buckholts, Texas.

THE MORTALITY OF HEAD-LAST LABORS.

I see the custom now prevails of putting medical and surgical conundrums to the profession through the medium of the medical journals. I should be glad to know whether delivery by the feet has been attended by death of the child, and if so, in what proportion? I have no records, but from memory I should say that in one-third of the cases where breech, back, or foot presentations have been brought away feet first, I have found the child exsanguined, and the placenta free from its attachments. Now, whether the detention of the head in the lower rim, in the last stage, and its consequent pressure upon the cord, or whether the connection between mother and child before birth, by the placenta becoming detached, was severed, the result was the same in either case. The heart had ceased to beat, and of course all efforts at artificial respiration were useless.

Especially was this the case where the child's head was uncommonly large, and the skull bones well developed. I think in all such cases the skin will be rather pale—just the opposite of most cases born head first.

Will some of the readers of the MEDICAL AGE give us their experience, and suggest a plan of delivery by which the child's life may be saved?

D. W. FLORA, M. D.

NEWAYGO, Mich.

DIPHTHERIA FROM A CAT.

A back number of the Therapeutic Gazette had an article, speaking of the possibility of the transmission of diphtheria from fowls to children, or *vice versa*, which brought to my mind an experience of my own. Some years ago I was called to see two cases of diphtheria of a violent nature—indeed, very malignant, as they both died. The parents thought the disease was contracted from a cat. They said that as one of the children was playing with the cat some time previous to their attack, it remarked that the kitten had diphtheria. Upon examination, the cat was found to all appearances to be thus affected, having sore throat, swelled neck, and real membranous exudations on the mucous membrane of its throat, and around the edge of eyes and nostrils. The cat died within a short time, and the children were violently taken with the worst form of malignant diphtheria. I write this as being of no special benefit, but simply to show that such a thing as the transmission of diphtheria from lower animals to the human, is as likely as the transmission in the same way of many other malignant diseases.

JOS. L. SCOTT, M. D.

SCANDIA, Kansas.

The Medical Age.

A SEMI-MONTHLY REVIEW OF MEDICINE.

JOHN J. MULHERON, M. D., Editor.

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Editorial.

MEMBRANOUS, DIPHTHERITIC, AND TRUE CROUP.

The April number of The American Journal of the Medical Sciences contains an elaborate clinical study of true croup from the pen of DR. J. LEWIS SMITH, of New York. He fully considers the etiology, anatomical characters, diagnosis, prognosis, and treatment. Whatever the cause, the anatomical characters, the clinical history, and the required treatment are so nearly identical that attempts to differentiate the disease when produced by other agencies than diphtheria from that due to diphtheria, have proved futile and unsatisfactory in localities where diphtheria occurs, except in a few instances, as, for example, when croup has been manifestly caused by swallowing or inhaling some irritating agent.

DR. SMITH holds that inflammation of the laryngeal and tracheal surface, whatever its cause, whenever it reaches a certain grade of severity, may be attended by the exudation of fibrin and the formation of a pseudo-membrane, but such a result more frequently occurs in the inflammation caused by diphtheria than in that produced by other agencies. In diphtheria a moderate laryngo-tracheitis is attended by the pseudo-membranous formation. DR. SMITH'S experience leads him to believe that not more than one in eight cases of croup has recovered by medicinal treatment which began in the first week of diphtheria, and in which the symptoms were so pronounced as to indicate more or less laryngeal stenosis. The exudation in the first week of diphtheria, or in its active period, occurs so rapidly, and in such large quantity, that no one of the medicinal agents or modes of treatment, which physicians commonly prescribe, is sufficiently prompt in its action to prevent the formation of the pseudo-membrane to an extent that soon endangers life.

Croup occurring in the second or third week of diphtheria, since it is attended by less abundant and less rapid exudation than when it occurs during the acute stage, can be more suc-

cessfully treated under the persevering use of solvent inhalations, and a larger proportion than one in eight, perhaps one in three, recovers by the early and continuous or almost continuous use of inhalations.

Still the mortality is so large, and the suffering so great in croup, at whatever stage of diphtheria it occurs, that we cannot rely on the slow action of medicines or inhalations, and surgical treatment is in most instances required to diminish the suffering, and afford the best chances of saving life.

Under the head of medicinal treatment he strongly recommends trypsin as a solvent of false membrane. Of calomel, he says: The experience of many physicians justifies the belief that mercury, and especially calomel, employed within certain limits in the commencement of a pseudo-membranous inflammation, does exert some controlling action on this disease. That it did much harm formerly when physicians prescribed it as freely as we now employ potassium chlorate, to the extent in many instances of increasing the cachexia and causing mercurialism, should not deter from its judicious use. In the ordinary form of diphtheria he would not advise the use of calomel, or would limit its employment to one or two doses of six to ten grains in the commencement of the disease in the robust cases. But in croup, since the danger is not from the cachexia or blood-poisoning so much as from the laryngeal stenosis, which is apt to develop rapidly, that medicine is indicated, and should be prescribed, which most strongly retards the exudative process, and aids in liquefying and removing the pseudo-membrane; provided that it produce no deleterious effect which renders its use inadmissible. Hence it is proper to prescribe calomel in larger doses and for a longer time in the treatment of croup, than in other forms of membranous inflammation, if it fulfil the indication, as it seems to in a measure. In his own practice, however, calomel is not prescribed after the first or second day, since DR. SMITH prefers the use of other remedial measures, which are efficient, and are less likely to produce injurious effects. The subject of surgical treatment is also fully discussed, and DR. SMITH holds that we can claim for tracheotomy judiciously performed, and at a sufficiently early stage, the cure of one in every three patients in the average.

EXPERIMENTAL DIPHTHERIA.

COHNHEIM and LITTEN succeeded by cutting off the circulation to a part, in producing changes similar to those observed in diphtheritic membrane, and WEIGERT declared that necrosis by coagulation was a constant result of such interference. The experiments of these observers have been supplemented by HEUBNER, who gives a report of his experiments in an essay* to which was awarded the prize offered by Her Majesty, the Empress-Queen AUGUSTA, for the best research on diphtheria. His experiments were made on rabbits, in which the neck of the bladder was ligated with a silk thread in such a manner as to shut off the blood-supply to the vesical mucous membrane for two hours. The changes noted on the first day, were an intensely hæmorrhagic œdema of the mucous membrane, with tumidity and elevations of the epithelium. On the second day a free coagulum had developed, and on the third day the diphtheritic patches had made their appearance. Following these patches in regular order there was necrosis of the coagulated exudate which extended to the mucous and submucous tissues. Under the microscope, these changes were morphologically identical with the deposits occurring in diphtheria, scarlatina and epidemic dysentery.

These observations certainly throw a considerable ray of light upon the pathology and, indeed, the causation of diphtheria. The ligature to the neck of the rabbit's bladder caused artificially the same condition as obtains in the stages of the idiopathic diphtheritic patch, namely, occlusion of the vessels. The tissues to which these vessels were wont to carry their natural pabulum having thus been deprived of their necessary food, die and undergo decomposition. The inflammation of the mucous membrane in tonsillitis may be so intense as to overwhelm the circulation, in which case a train of symptoms similar to, and, indeed, identical with that noted by HEUBNER in his experiments, ensues. Irritant vapors, and even hot water, have been observed, through contact with the mucous membrane, to cause an inflammation identical in every particular with the pseudo-membrane of diphtheria. By destroying the vascular network, they supply the conditions of the diphtheritic patch.

In the second part of his essay, the author seeks to establish an artificial synthesis between local diphtheria and general infection. He first inoculated animals in whom the mucous membrane was the seat of the diphtheritic deposit, with pustular virus. Following this, there was an excessive accumulation of bacilli in the affected parts, but these bacilli were confined to the interior of the pervious vessels, and were never found outside of them. He afterwards inoculated animals in which the local disease had been produced, with diphtheria matter taken from a man affected with a severe

* Experimental Diphtheria, by DR. OTTO HEUBNER, A. O., Professor of Medicine, University of Leipzig. Translated by H. G. BEYER, M. D., M. R. C. S., P. A. Surgeon U. S. Navy, Curator Materia Medica U. S. National Museum, and published by GEORGE S. DAVIS, Detroit, Mich.

form of the disease. The animals presented splenic tumor and hæmorrhage of the serous membrane, and died, after several days, with symptoms of acute general affection. The same results were found when the inoculation was performed with virus obtained from patients suffering from scarlatina, and in whom the diphtheritic pseudo-membrane had appeared. Dr. Heubner maintains, however, that the bacilli found do not represent the diphtheritic virus. For the general infection, he, moreover, maintains that bacilli are not essential, and that the micro-organisms found in the oral cavity of the diphtheritic patient are consecutive to the disease, and not antecedent. From these experiments he concludes that the virus of human diphtheria has not yet been found to consist of an organized material.

MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

The 36th annual meeting of the American Medical Association, held at New Orleans, and a report of the general session of which we give elsewhere, seems to have been well up to the average of scientific and social excellence of such occasions. If it fell short in either of these respects, the fact may be ascribed to the distance of the place of meeting from the medical centres of the country, and to the heat of the latitude, which was found to be very oppressive to delegates from the Northern States, at whose homes the frosts of an exceptionally severe winter had scarcely disappeared when they left for the sunny south. With the thermometer crowding the nineties, it would not have been strange to find people directly from the colder zones, and somewhat heavily clad, a little indisposed to scientific effort, and not a little apathetic in the matter of social enjoyment. It, of course, goes without saying that the opportunities for social pleasure were abundant, for was not the meeting held at the metropolis of the Southern States, the home of chivalry and hospitality?

As was to have been expected, the Association took strong exception to the steps which have thus far been taken towards the holding of the coming International Medical Congress. Eminently democratic in its spirit, and made up of delegates from all the States, it very naturally protested vigorously against the action of the committee which parcelled out the positions of honor among the residents of a particular section. Doubtless, the gentlemen selected to fill these positions are eminently capable, but in a body in which members are numerous who are desirous of making themselves useful in places sufficiently raised above the surface to make them conspicuous, the dissatisfaction is quite natural when the honors are not scattered sufficiently abroad to give a chance to those a little remote from the disseminating centre. The brethren of the Atlantic coast are unquestionably able to acquit themselves with credit in exalted positions, but there be those in the inter-oceanic regions who deem themselves equally competent, and their right to a chance to display their competency cannot be violated with impunity. This is, practically, what the Association said, and steps were taken to redress the wrong which had been done. When the feelings of the Association towards the New Code men are remembered, it will be no surprise to learn that the reinforced committee have deposed from any positions of prominence which they may occupy, any gentlemen whose record in regard to the Code of Ethics is assailable. Such action at this stage of organization, must, however, be contrary to the interests of the Congress.

With a commendable comprehension of the difficulties which beset the path of the medical editor, the Association said to its father, whom it had entrusted with the conduct of its journal. "You have done well, considering all the circumstances, and we want you to go right along, confident as circumstances improve you will give us a better paper." Dr. Davis, who a year ago declared it was his fixed purpose to retire from the editorial control of the Journal, was not proof against this appeal, and will continue in that capacity yet a season.

In the selection of its officers for the current year the report shows that the Association has bountifully recognized the ability of the profession of our Peninsular state. Dr. William Brodie, the president, requires no introduction to such portion of the profession as have been in the habit of attending the meetings of the Association for the past twenty-five years. During this quarter of a century he has missed scarcely a meeting, and has been prominent in the executive business of the sessions. His geniality, moreover, has become proverbial, and the vote by which he was elected to the highest honor in the gift of the American medical profession, is a fitting recognition of his peculiar qualifications. To be selected by his fellows to occupy a chair once filled by such men as Samuel D. Gross, J. Marion Sims and Austin Flint, is an honor indeed, and we cordially felicitate our townsman on his good fortune. Dr. Brodie has shown himself to be a gentleman of good executive ability and great perseverance, and he will, doubtless, supplement the services of his illustrious predecessors by such vigorous attention to the details of his office as will make itself felt.

THE CHARGE OF THE MEDICAL BRIGADE.

The San Francisco Paper is evidently much exercised over a fee-bill which the profession of its city has published. It declares it to be a very scandalous result, and going a long way toward raising the suggestion that it is about time for some one to look after the doctors. San Francisco is, as regards the general expenses of life, as cheap a city as there is in the Union, if not cheaper. Why, therefore, the Paper asks, should medical men, who have made their home here, be entitled to rates two and three times greater than the renumeration which the same services would be entitled to in other places? No valid reason or excuse can be given for charging $5 for an ordinary professional visit in San Francisco, when $2 is considered a fair and equitable charge in Chicago. Nor can any one explain why a San Francisco doctor should be entitled to demand $500 for amputating a leg, while the same service will be performed in other places for $50; and the tariff all through bears a similar proportion. It is to be borne in mind, too, that this tariff has pretty much the same force and effect that a legislative enactment would. Any layman who disputes such extortionate charges in a court of law, can be successfully confronted with the Medical Society's list of fees. Another thing, the Medical Society has a corporate existence, and is endowed with certain privileges in regulating the profession and watching over the conduct of its members. These powers are given it for the purpose of protecting society and driving blackguards out of the profession. They may, however, be utilized in promoting the fleecing of the public; they are comprehensive enough to enable the Society to compel its members to maintain these extravagant rates, or be fired out of the profession for unrobber-like, or undoctor-like conduct. At the outbreak of the late civil war, a critical examination of the statute books showed that the founders of the government had not been particular about providing punishment for the crimes—treason and rebellion—they had just successfully accomplished. The Medical Society was entrusted with certain privileges, in order to enable it to protect the public, and now it would seem as though the public required some one to protect it from the Medical Society.

"New Remedies" have been designated an American craze. Certainly the activity in the matter of additions to the list of therapeutical agents, which has characterized medicine during the past five or six years, was inaugurated by American enterprise, and fostered by the American profession. For a long time it was confined to the rank and file, and the so-called leaders were wont to emphasize their superiority by a lofty indifference, or a positively expressed antipathy to the new drugs introduced. Constant dropping, however, had its natural effect on the stone, and during the past year or so, scarcely a progressive journal but has a reference to some of the newer drugs, and many of the leaders in professional opinion have considered them worthy of trial, while not a few of them have won official recognition. The profession of Europe remained for a time studiously indifferent to "the new-fangled Americanisms," but evidences that they are securing a foothold across the seas have latterly been multiplying apace. The latest evidence is furnished in the fact that a new journal called "Les Nouveaux Remèdes," has been started in France, and is edited by Dr. G. Bardet, chief of the therapeutical laboratory of the Hôpital Cochin, and M. Delpech, a pharmacist, and formerly President of the Société de Therapeutique. M. Egasse, professor of chemistry in the Ecole de Médecine Navale, M. Portes, chief pharmaceutist of Lourcine Hospital, Dr. Campardon and M. Midy, are collaborators. The establishment of this journal cannot but give a material impetus to the study of new remedies.

Dr. King, of Missouri, is none of your milk-and-water, half-hearted reformers. Convince him that a thing is wrong, and he will go right to the root of it with his remedy. He is a codist of the codists, and admits no gradations of turpitude in those who tamper with the bulwark of professional rectitude. To him the culprit who offends in one iota, is equally guilty with him who has thrown off all allegiance to the ancient and honorable instrument, and both alike should be exterminated, root and branch. "The specialists of the New Code," he declares, "should be taken by the top of the head and their throats cut at once." Now, if he would only season justice with a little mercy, and not insist on the execution taking place at once, some of the sinners might be made to suffer. His Draconian penalty is too immediate and too sweeping in its application to meet the approval of the contemporary age, the sentiment of which would let ten flagrant offenders go free, rather than cut the throat of one poor specialist without giving him a chance to repent.

A correspondent of the Journal of the American Medical Association is impressed with the number of operations for amputation of the cervix uteri, performed in Berlin. He thinks few women in Berlin can be found with normally preserved uteri. The students have a saying that there is not a woman living on the street with Martin's Hospital, who has an entire cervix uteri. The temptation to resort to

an operation for the glory of publishing statistics and fore achieving renown is a great one, and is inflicting injury upon gynæcology. Indeed, other departments of surgery are not unscathed.

The amalgamation of the Detroit Medical College and the Michigan College of Medicine seems now to be an assured fact. The enabling act has passed both branches of the legislature and received the Governor's signature, and a joint committee has finished its task of taking an inventory of the assets of each of the institutions. Unless some unforeseen complication should arise, there will be but a single medical school in this city for some years at least. 'Tis a consummation devoutly to be wished, and we trust the opportunity may be seized to make the new college first-class in every essential particular.

Dr. Hepburn says, in the Independent Practitioner, that by means of the following procedure, teeth may be painlessly extracted: The tincture of purified extract of cannabis indica is diluted with from three to five parts of water. This is applied to the gums by rubbing them with the fingers dampened with the solution. The forceps are also dipped in the solution before applying them to the teeth. He says nothing of the precipitate which the addition of water to the tincture must cause, which fact, together with the air of improbability which surrounds the statement, would impel us to desire corroborative testimony.

No nation, says the Canada Medical and Surgical Journal, hankers for the honor of originating the venereal disease. The Neapolitans call it the French disease; the French, the disease of Naples; the Poles call it the German disease; Hollanders and Englishmen refer it to Spain; the Orientals lay it to the Franks; the Persians to the Turks; the Portuguese christen it Castelian, and the Chinese call it the disease of Canton. Other people follow the same rule as those mentioned. Syphilis has no father who is willing to stand responsible for its birth.

The Irishman who could not restrain his indignation because the doctor who found his wife in bed with Cerebro-spinal meningitis, did not shoot the Oitalian scoundrel, has his counterpart in the Englishman, whose blood furiously boiled when told that Arry Sipples, which had killed a friend of his, had not been hanged for the offense.

Professor Goodell, of Philadelphia, has signified his intention to be present at the meeting of the Michigan State Medical Society at Port Huron, on the 11th prox. He may not have a paper, but will respond to a toast at the banquet.

A reader calls attention to the fact that in considering Dr. Eustace Smith's prescription for one drachm of tincture of belladonna for a child of four years of age, it should be remembered that the strength of tincture of the B. P. is only half that of the tincture of the U. S. P.

Dr. Oliver Wendell Holmes says, in the Atlantic Monthly, that a doctor's patients must put their tongues out, and a doctor's wife must keep her tongue in.

Castor oil is said to excel all other oils as a lubricant of catheters.

Book Notices.

Modern Therapeutics of the Diseases of Children, with Observations on the Hygiene of Infancy. By Joseph F. Edwards, M. D., Editor of the Annals of Hygiene, Associate Editor of the Medical and Surgical Reporter, Author of "Bright's Disease and its Treatment," Fellow of the College of Physicians of Philadelphia, etc.

Philadelphia: D. G. Brinton, 115 S. 7th St.

The purpose of this book is to present a statement of the therapeutic means adopted by the contemporary profession in the diseases of children. To this end medical periodicals, monographs, and treatises on pædiatrics have been closely examined. The editor's facilities, from his connection with one of the leading medical journals of this country, have been ample, and a reference to the book is sufficient to convince the reader that he has faithfully utilized them. The book is similar in its construction to Naphey's Therapeutics, issued by the same house, and so well known to medical readers. It will be found very valuable by the physician familiar with the symptoms and pathology of the diseases mentioned. He may, perhaps, be somewhat confused by the variety, embracing apparent contradictions, of the therapeutic measures collected from such a diversity of sources, and will thus be obliged to fall back on his own judgment in the selections for individual cases, but the advantage of having the views of leading therapeutists thus concisely before him, will at once appear.

The attitude of Catholicism toward our public schools—a problem of grave concern at the present time—is to be discussed from opposite premises in the June number of the North American Review, by M. C. O'Byrne, of North Carolina, against the Roman Catholic Church, and Bishop Keane, of Virginia, in defense of its policy.

Medical Progress.

On the Internal Administration of Turpentine in Cutaneous Diseases.—Dr. H. Radcliffe Crocker read a paper before the Hunterian Society, in which he spoke highly of the ordinary oil of turpentine used internally in cutaneous diseases, and considers that all turpentines have a very similar action. He gives the details of one case to illustrate the action of this drug in thirty other cases of psoriasis. In a few the psoriasis has been completely removed, but in most considerable improvement has been manifested up to a certain point, when, as in the selected case, some external treatment was required for the complete removal of the disease. All the thirty cases were taken consecutively, without regard to the extent or duration of the disease or to the general health. In only two cases was he obliged to discontinue the drug on account of slight strangury, and in three others the dose had to be diminished on this account; one of these was a girl who could never hold her water more than two hours. In all these cases the dose was under twenty minims; and the irritation was not considerable, with the exception of one who did not attend for a fortnight, and kept on with the medicine in spite of the irritation: and here there was bloody urine, which, however, stopped in a few days after the drug was discontinued. In three, the drug had to be discontinued on account of dyspepsia, which the turpentine aggravated, which led to its discontinuance in all cases wherever there were any symptoms of gastric irritation. In several cases there was a decided increase of itching in the eruption at first, but with perseverance for a week or two longer this entirely ceased. Besides the well-known violet odor imparted to the urine, it was noticed that a copious deposit of urates occurred during the first few days of the treatment; but this soon passed off, and appeared to be entirely due to diminution in the quantity of water.

Dr. Crocker has used this drug to advantage in about a dozen cases of eczema, but in this disease would restrict its use to those cases in which no defect in the general health can be detected. The cases in which turpentine is contra-indicated are: children under five years old; all who have unsound kidneys or irritable bladders; most cases in which dyspepsia is present, though in some instances it can be tolerated even then; and gouty subjects, whose powers of elimination are seldom good. The physiological action in moderate doses is considered to be that of a stimulant of a powerful kind to the inhibitory reflex centre, and to the vaso-motor centre, thereby raising the blood pressure and contracting the arterioles. It therefore is not in any sense of the word a specific, and fails to remove thickening and other consequences of long-continued inflammation, which are best attacked by local measures.

The mode of administration is: for adults and children over ten years, ten minims rubbed up with an ounce of mucilage so as to form an emulsion. This is given, directly after meals, three times a day, and the last dose should not be given within three hours of bedtime. In two of his cases there was slight discomfort on micturation in the morning when the last dose was taken after supper, but none when the last dose was not later than six o'clock. This is probaply due to the proportion of turpentine in the contents of the bladder being much greater when it has been accumulating all night, while some of it is got rid of at the last micturation when the dose has been early in the evening. Another means of avoiding irritation in the urinary organs is to make the patient drink barley water freely from the very commencement of the treatment, and the patient should always be impressed with the necessity of frequent diluent drinks. In the case related, the urine was reduced to four ounces while taking 40-minim doses, but was immediately raised to the patient's usual quantity when a quart of barley water *per diem* was given. In a few cases the drug was given in capsules, but the emulison seemed less liable to disagree, and but few patients, even among the children, made any serious objection on the score of the disagreeable taste. If the improvement is only proceeding slowly or the condition is stationary, and the patient is tolerant of the drug, the dose is increased by five or 10 minims at a time up to 30 minims a day. It is seldom necessary or desirable to go beyond this, though in three cases drachm doses were given without any ill effects; but the risk of albuminuria or even hæmaturia increases considerably after 30-drop doses are reached; though, if the drug be stopped as soon as these symptoms appear, in two or three days the urine will have returned to its normal condition.—*The Practitioner*, March, 1885.

Normal Liquids.—As long as physicians continue to depend mainly upon vegetable drugs as therapeutic agents, and to employ them in the form of the time-honored galenical preparations, there must enter into all the results of their prescribing a certain element of chance, which, however delightful as affording a spice of variety to professional experiences, must be confusing to the logical faculty if we prescribe on the hypothesis that a definite cause, in therapeutics, will produce a definite and invariable result. Many of the most influential teachers of practical medicine, in the past, have maintained that medicine must be studied purely as an empirical art; the complicated conditions under which medicines must act precluding the possibility of any science of medication. To a certain extent they were right. The modifying influences of idiosyncrasy on the part of the patient, and of diseased conditions rendering necessary a constant exercise of the faculties of observation and judgment. The routinist constantly fails because he neglects this most important part of his training.

A curious deduction seems to have been drawn from this necessity of employing remedies skilfully. It is that it does not matter so much, since the physician in any case must feel his way, as it were, in the use of any remedy, whether the remedy itself is an agent capable of producing, qualitatively and quantitatively, definite effects. To us an exactly opposite conclusion seems the only one that should be deduced in the premises. If the constitution of the patient introduces of necessity a variability in all our clinical observations, it is all

the more essential, in our humble opinion, that there should be in the therapeutic agent itself the greatest possible constancy of action. Physicians are growing more and more partial to the use of the definite active principles in place of crude drugs, not alone because they are less bulky and more convenient for administration, but because their action can be calculated with reasonable certainty in a given case.

Tinctures, fluid extracts, wines and syrups made from crude drugs according to the formulæ of the pharmacopœias, vary greatly in strength, because of the variability of the crude drug itself with regard to, and in the proportion of its active constituents. At the same time this class of preparations possess some important advantages in that they present us with the particular grouping of active constituents which exist in the drug itself, and upon which our clinical experience of its efficiency has been chiefly or wholly founded.

A new class of preparations has been introduced by the enterprising manufacturers, PARKE, DAVIS & CO., to which they give the name of Normal Liquids—which are identical with fluid extracts in all respects, except that their strength is carefully adjusted by assay to an absolute standard of strength. The standards of strength adopted are those of a drug of good average quality, so that the dose of the normal liquid is strictly that which the best authorities state as that of the crude drug. This unquestionably is an important step in advance in galenical pharmacy, and the character of the firm from which these goods emanate, leads us to expect that we shall find these assayed fluids a valuable aid in scientific prescribing. The name, normal liquids, we learn, is not protected by any copyright, and each bottle bears a statement of the alkaloidal strength to which its contents are adjusted. We trust the liberal and scientific spirit in which these products are offered to the profession will insure them the welcome they seem to deserve.—*Southern Practitioner.*

COCAINE IN DIPHTHERIA.—The following results, which I have obtained from the use of cocaine in diphtheria and diphtheritic sore-throat, are uniform and remarkable:

Case I.—Jan. 21st, Emily C., age 11, complained of feverishness for two days, and for one day of sore-throat. She has anorexia and slight prostration. The fauces are red and engorged; the tonsils enlarged, nearly touching; they are both covered with a thick, pultaceous, gray mass. A diaphoretic mixture was given, and a 4-per-cent. solution of hydrochlorate of cocaine applied to the throat every two hours. The false membrane began to melt immediately, and in five days she was well, and the throat normal.

Case II.—George T., age 13, has had a headache for several days. This morning his throat began to pain him, and in the afternoon he was feverish. Both tonsils are enlarged and red; on the right tonsil is an elongated, oval patch of ulceration, one-half inch long.

Cocaine was applied as in preceding case, and in two days the throat was well; and the prostration, which had been marked, disappeared gradually after.

Case III.—Mary F., aged 19, hump-back, has felt weak and prostrate for two days. She has a rapid, feeble pulse; fever, and an enlarged tender gland under the right ear and sore-throat. The pharynx is engorged, and of an angry-red color. The tonsils are both enlarged, and on the right tonsil is an oval patch of ulceration a half inch long.

Cocaine, applied as in the preceding cases, cured the inflammation in twenty-four hours, and completely removed all trace of ulceration, except a thin, crescentic ring, which formed the anterior border of the ulcer.

Case IV.—Mr. O'C., a very intelligent druggist, came into my office, a few evenings since, looking very wretched with a stiff neck, and in a hoarse voice informed me he was "all broken up." The pulse was quickened; temperature 102°; the pharynx and fauces very red. On the left tonsil was an elongated, whitish ulcer, half an inch in length. The secretions were constantly accumulating in the throat, and he suffered severe pain in clearing it. Cocaine, used as in the other cases, relieved the pain in hawking, cured the ulcer in one day, and on the second day the patient was feeling perfectly well.

In each of these cases, except the third, in which cocaine alone was used, some constitutional measures were employed, as I have found that they always add greatly to the patient's comfort, although apparently exerting no control over the duration of the disease. For this purpose I give morphine in small doses, or bromide of potassium, or nitrate of potassium, with sweet spirits of nitre, concentrated tincture of gelsemium, or liquor potassæ citratis.

DR. SCHOOLS, of this city, informs me that he has had a similar experience with the drug in a case like the first I have detailed.

In the so-called cases of diphtheritic sore-throat with erosion I feel confident the cocaine is of signal value.—DR. HOWARD A. KELLY, in *Medical News*, April 25, 1885.

REPORTS OF RECENT ADDITIONS TO THE MATERIA MEDICA.—PROFESSOR H. SENATOR, in a lecture delivered Nov. 20, 1884, before the Society of the Charité Physicians (Berliner Klinische Wochenschrift, Jan. 5, 1885), has expressed his views as to the therapeutic value of certain exotic remedies, which are employed to a greater or less extent, by American physicians. He has tried, on an extensive scale, the tincture of *cascara sagrada*, as prepared by MESSRS. PARKE, DAVIS & CO., and expresses great satisfaction with the results. In physiological action it deserves a place between rhubarb and senna. It has the advantage over both of these remedies of producing an effect in smaller dose.

He ascribes decided hypnotic qualities to the extract of *piscidia erythrina*. It is a more reliable remedy than paraldehyde or cannabin. The remedy is especially useful in migraine. It does not, however, produce so sound sleep as chloral or opium. *Muriate of cocaine* has produced, in DR. SENATOR'S hands, transitory anæsthesia of the mucous membrane of the rectum, urethra and bladder, in a variety of

pathological conditions. In one case of *tabes dorsalis*, cocaine suppositories relieved the most violent, boring pains in the rectum, to which WESTPHAL has recently called attention.

Oil of wintergreen possesses few advantages over salicylic acid in the treatment of articular rheumatism. It may be exhibited when the patient is averse to salicylic acid. When given in doses sufficient to control disease, it is productive of all the disagreeable symptoms of salicylic acid.

Picrotoxin was exhibited to control night-sweats in forty cases of tuberculosis. In two-thirds of all the cases, the desired effect was observed.

Agaricin is also an effective remedy in the night-sweats of phthisis. In large doses, however, it causes diarrhœa. It is also very expensive.

Both picrotoxin and agaricin are comparable in their action to atropine.

In two cases of *tænia mediocanellata*, *pelletierine* proved effective. In one case the worm and head were expelled without doubt; in the other case, with a high degree of probability. The cost of the remedy is so great that *filix mas* will not be immediately superseded.—*Chicago Medical Journal and Examiner*, February, 1885.

TARTRATE OF ANTIMONY IN THE TREATMENT OF CERTAIN DISEASES OF THE SKIN.—JOHN KENT SPENDER, M. D., London, physician to the Mineral Water Hospital, Bath, observes: All authorities agree on the influence of tart. antimony over acut bronchitis and pneumonic diseases. The physiological anatomy of skin and of mucous membrane is so far identical, that their pathology must be to a large extent identical too. In acute dermatitis and in acute bronchorrhœa there is the same proliferation of epithelium, the same wasteful flux of serous or sero-purulent fluid. Now if tartrate of antimony controls the one, surely it may control the other; the outside of a man is as delicate as the inside in its obedience to the same laws of growth and of decay; and we should see the analogy without difficulty if the characteristic features of diseases of the skin were not veiled under an artificial terminology, based upon fancifull resemblances to other things. Words and phrases, drawn from confused metaphors, should not allure us from tracing the hidden agreements of apparently different diseases, for the right use of many remedies may depend upon this. Tartrate of antimony has no partiality for any special texture: its eclectic power makes it helpful in stopping the evolution of the inflammatory process anywhere—equally on solid glands and on free surfaces. And as inflammation may occur wherever there are blood-vessels, so the remedial force of tartrate of antimony is co-extensive with every tissue of the human body. * * * Nearly eighteen years ago I illustrated the thesis that tartrate of antimony may be given to an adult person every hour in the dose of $\frac{1}{15}$ of a grain, and repeated from sixteen to twenty times, with the certain result (barring very rare contingencies) of utterly dissipating an early *local* inflammation. In this manner one grain may be taken not only without causing the least poisonous commotion in the body, but sometimes without even the physiological ripple of an excess of sweating. The local disease (or threatening disease) is removed without the *toxic disease of the medicinal agent* taking its place. And all other things being the same, a metallic salt may thus work with certainty and safety, and its effect may be calculated with almost mathematical precision and definiteness.—*London Practitioner*, March.

ORANGES AS A GALACTAGOGUE.—The discovery of any medicine, article of diet, or mode of treatment which will increase the flow of milk in nursing women, will be hailed with pleasure by the profession, and should be placed on record. The following case is given for what it is worth, and with the hope that the fruit will be further tried and the results published. No attempt is made to explain the physiological action or the *modus operandi* of the fruit. The writer does not recollect having seen this treatment alluded to by any author.

MRS. R., at 25, is the mother of three living children. In the infancy of the two older ones the flow of milk was plentiful—almost excessive. The third child was born in September last. When the babe was a week old she noticed that the flow of milk was not as free as usual, and that the child seemed hungry, even after nursing. Under medical advice she took various remedies, rich diets, fluids in quantity, and though her general health was perfect, tonics were prescribed, all to no purpose. It was finally decided to supplement the child's nourishment with cow's milk. Six ounces of milk diluted with an equal quantity of water and sweetened with sugar, were given in the twenty-four hours. As this constipated the child's bowels, two to four ounces of corn meal gruel were given every morning. Under this treatment the child thrived for three months. The mother, in spite of all treatment, did not increase in the quantity of milk. In December a relative living in Florida sent MRS. R. a box of oranges. Two days after their reception she noticed an increase in the flow of milk, and expressed the opinion that eating oranges caused it. I had never heard of this fruit as a lactagogue, and asked her to suspend the eating of oranges for a few days to test the matter. This she did, and found that the milk did not flow so freely. She commenced the use of oranges regularly, three a day, as long as her box lasted, with a plentiful flow of milk all the while.

MRS. R. is now visiting in Florida, and writes me that if the orange crop holds out, she has no fears as to the baby's support.—*Cor. N. Y. Medical Journal*, April, 1885.

CASCARA SAGRADA IN CONSTIPATION.—In the Boston Medical and Surgical Journal for March 26, 1885, appeared an editorial discussing

the treatment of constipation, in which the following tribute to the medicinal virtues of cascara sagrada, based as it is on the observations of an eminent French physician, is worthy of special note:

Of all the remedies, rhubarb will, doubtless, continue to hold a first place among the comparatively safe and certain anti-costive medicaments (the tincture and infusion being the most useful preparations), while among the new, cascara sagrada seems growing in credit and favor, if we may trust its testimonials; not to refer to the large use now made of the rhamnus purshiana in this country. It is an American plant, obtained on the Pacific coast, and was first introduced into practice in 1878. It has lately been made the subject of experimentation on the continent, and has proved to be of singular efficacy in the treatment of constipation, if we may credit the favorable report of DR. EYMERI, of Val de Grâce, who has recently published a pamphlet on the subject. EYMERI regards it as a cholagogue as well as an intestinal stimulant; by its resins and volatile oil, it seems to act on the entire secretory apparatus, as well as on the muscular fibre. The above-mentioned writer reports numerous cases in hospital and private practice, most of them coming under his own observation, where cascara sagrada, given in the form of a powder, or as a fluid extract (the latter form being preferred), gave most gratifying results. He concludes that this medicine should have the preference over cathartic medicaments, as being less likely to do harm if its use is long continued, as being tonic as well as aperient, as causing neither griping nor nausea and diarrhœa in its action. These conclusions are substantially the same as those formulated by BUNDY, who is credited with the introduction of the cascara into this country. Making all due allowance for exaggeration, we have, doubtless, in the sagrada a valuable addition to the materia medica, though it does not always prove a certain remedy, any more than any other drug.

IPECACUANHA IN DYSENTERY.—It is interesting to learn something about the history of the use of this drug in dysentery, since it has come to be so generally used. Hence we extract the following from Dr. MACPHERSON'S address before the Medical Society of London (March 9):

The drug was introduced into European practice during the last decade of the seventeenth century, as a remedy in the bloody flux; in this malady it acted like a charm. HELVETIUS considered it as specific in dysentery, as mercury in syphilis, or cinchona in malaria. After being highly prized for about half a century it fell somewhat into disfavor in England and France; but it was habitually used in small doses until the end of the last century. AKENSIDE used very small doses—one grain in every six hours; but other physicians recommended either one large dose or several smaller ones (five grains), repeated every hour until vomiting was produced. Subsequently very large doses, even frequently repeated, were highly favored in the tropics, but it was almost entirely superseded by mercury as a remedy for dysentery, though never quite abandoned. In 1846, Dr. PARKES said that ipecacuanha was of quite secondary importance, but recommended small doses. SIR RONALD MARTIN used doses of ten grains at least. Since 1858 the use of ipecacuanha has been the main feature in the treatment of dysentery, and though something must be put down to improved hygiene and the abandonment of bleeding, still the diminution of the mortality among the troops pointed to the probability that the drug was really of use in saving life. The French also now use the drug in large doses in the tropics and in America. BARTHOLOW and others have found it useful. From a consideration of the general experience, he was inclined to say that the dose should not exceed thirty grains nor fall below five. He referred to the temporary popularity of mercury during the first half of the present century, and mentioned that even scruple doses of calomel were at one time commonly given, and were supposed to have a specific action on the mucous membrane in dysentery. Ipecacuanha had now entirely replaced it.—*Med. and Surg. Reporter*, April 11, 1885.

AQUA CREASOTI.—The officinal aqua creasoti, or creasote water, is so important a preparation for one special use that it is well to notice it in order to emphasize that special use. It is a simple one-per-cent. solution of wood creasote in water, and, like similar solutions of carbolic acid and of cresol, it is a most effective local anæsthetic, and topical dressing to burns and scalds. It is no better than the solutions of carbolic acid, or coal-tar creasote, for this purpose, but is quite as good, so that whichever is most accessible or most convenient may be used. This creasote water, as made by the above formula—or diluted with an equal volume of water, or with more water for delicate surfaces in women and children—and applied by means of a single thickness of thin muslin, or worn-out cotton or linen, such as handkerchief stuff, and the application renewed from time to time, as the return of pain requires it—will relieve the pain of burns and scalds in five to ten minutes, and will maintain the relief as long as the applications are properly renewed, or until the painful stage is over. It is also very effective as a local anæsthetic for general use in all painful conditions which affect the surface only, such as the pain of erysipelas. The benumbing effect of these phenols upon the skin is very promptly reached, and can be carried to almost any degree that is desirable, by simple management of the strength of the solutions and the mode of application. They are true anæsthetics to the skin, while the much lauded cocaine is not. This statement has been published so often during the past twenty years, and the treatment has been so effective in so many hands, the old and comparatively useless and hot dressings, such as carron oil, white lead ground in oil, flour, liniments, etc., or the newer application of solution of bicarbonate of sodium.—*An Ephemeris of Materia Medica, etc.*, March, 1885.

BROWN-SEQUARD ON COCAINE.—The Lancet (March 28) gives a summary of a note on the an-

algesic action of cocaine, read by Prof. BROWN-SEQUARD at a recent meeting of the Société de Biologie. This observer proves by experiment that the drug acts through the medium of the peripheric nerves on the nervous centres, which react in reproducing an inhibition of sensibility. A jet of carbonic acid gas on the laryngeal mucous membrane, or an injection of cocaine at the level of the larynx will produce absolutely the same phenomena. Two minutes after this injection there is a generalized anæsthesia and an analgesia of any wounds made on the body of the animal. The cutaneous anæsthesia lasts only for a few minutes, but the analgesia of the wounds may persist until the following day. If fresh wounds are made, these, far from being analgesic, become, on the contrary, hyperalgesic. Injections of cocaine sometimes produce in the animal a rolling motion to the side opposite that of the injection, and sometimes a turning motion; this proves that the drug acts on the nervous centres, and particularly on the cerebellum.

Evidence of the inhibitory action of the drug may be found in this, that when the dose of cocaine injected has been large enough to produce convulsions, these may be stopped at once by pulling or forcibly flexing the animal's toes. In animals which died under a toxic dose of cocaine he found just after death a body temperature of 111.6° F.

These observations show that cocaine is no exception to the rule that a remedy which is potent for good may also be potent for evil, and sound a warning of "breakers ahead" for those who fail to use the drug without accurate knowledge of its power, and an eye single to its physiological effects.—*Louisville Medical News*, April 10, 1885.

THE VALUE OF ANTIPYRINE.—It is gratifying to note that the admirable results obtained by FILEHNE, GUTTMANN, FALKENHEIM, and other European observers, with this agent have now been abundantly confirmed by the experience of American physicians, as indicated by the expressions of opinion, based on adequate clinical observation, which were made at a recent meeting of the New York Academy of Medicine. On this occasion PROFESSOR WILLIAM H. DRAPER read a paper on the remedy and its effects, in which he gave an analysis of twenty cases of typhoid fever treated with it in his service at the New York Hospital. For the successful reduction of temperature without unpleasant consequences, in a wide range of diseases, it seems to be already an established fact that no means has as yet been discovered that can be ranked with antipyrine: and there can be little question that it will soon entirely supersede the use of cold baths in the treatment of such affections as typhoid fever, where there is a long-continued high temperature, in which the latter have hitherto proved of essential service. In puerperal septicæmia and the pyrexia following grave operations, whether due to septicæmia or not, it is not possible to speak with the same confidence as yet; but the experience which has thus far been had with the remedy in this class of affections, is sufficiently favorable to render it probable that here also it will supersede the application of cold to the surface as a means of reducing temperature.—*Gaillard's Med. Journal*, May, 1885.

ACID DYSPEPSIA.—REICHMANN, in the Berliner klin. Wochenschrift, says that water-brash and sour eructations occur when sour matter is regurgitated from the stomach into the œsophagus or pharynx respectively, and irritates the mucous membrane. He proved this by allowing sponges fastened to threads to lie for ten minutes in the gullets of patients suffering from pyrosis; these sponges when withdrawn gave an acid reaction, while a neutral or alkaline reaction was always obtained when the experiment was tried upon the healthy. Water-brash occurs not only when there is too great production of hydrochloric acid (0.34—0.45 per cent. instead of the physiological 0.17—0.32 per cent.), and when free hydrochloric acid appears too soon, but also when this acid occurs in the normal amount and at the right time, that is, later than an hour after eating. Furthermore, the author has observed water-brash in cases which were caused by too slight acidity, and finally where there was a sour reaction due to the presence, not of hydrochloric, but of some abnormal acid formed during digestion.

The perviousness of the cardiac orifice of the stomach may be due either to relaxation of its walls or to their active opening. REICHMANN believes that the last is the case usually, and he considers the opening of the orifice of the stomach a reflex phenomenon, the mechanism of which is that the irritation caused by the too great acidity is transmitted through the centripetal vagus fibres to the *n. dilator cardiæ* discovered by OPENCHOWSKI.—*Northwestern Lancet*, April, 1885.

ALTERATIVE COMPOUND IN SYPHILIS.—DR. S. B. DIVELBISS, in Medical World for March, 1885, comments on the value of MCDADE'S formula, or alterative compound, as a remedy for syphilis as follows, viz:

For many years I treated syphilis in the old-fashioned routine way with mercury and iodide of potassium, etc.; but when about two years ago the original MCDADE prescription, as given by J. MARION SIMS, came to my notice, it so favorably impressed me that I at once decided to give it a trial at the first opportunity, which I did, and the results were so satisfactory that I have now prescribed it in over twenty cases with the best possible results. It will be remembered that the prescription alluded to was composed of fluid extracts, save the last ingredient, which was a tincture, and for which I substituted a fluid extract of the same article and prescribed in same size doses. In two chronic cases in which the patients had been treated with mercury for about two years without any apparent benefit, I added one drachm of iodide of potassium to each ounce of the extracts, and prescribed in same manner, and the result was a cure in each case, in from three to four months. In those old times I was in the habit of prescribing calomel for a local dressing to chancres; but a few years ago I changed over for iodoform, which I continued to use in same manner up to about eighteen months ago.

when I commenced the use of salicylic acid, which I think to be in every way equal to iodoform, besides it does not possess that "give away" odor so peculiar to the former drug.

CHRONIC BRONCHITIS CURED BY EUPHORBIA PILULIFERA.—Chronic bronchitis is a diagnosis that is certainly often made in every physician's practice. Until now we have not found a remedy that gives universally good results in all of these cases. Opiates in many cases are objectionable, and in some absolutely contraindicated. It is not our object in this article to recommend the use of the above remedy as a specific, but the readers of the Summary will certainly find that in chronic bronchitis, complicated with asthma, the action of euphorbia pilulifera is far superior to the ordinary expectorants. It is especially indicated in bronchitis of the old, when the tissues seem to have lost their tone somewhat. There are no special contraindications; it does no harm even though it does no good. The drug possesses narcotic properties only when given in very large doses. The ordinary effect is that of antispasmodic, and is well worth a trial when the ordinary remedies have failed.—*The Med. Summary.*

THE LOCAL USE OF RHIGOLENE.—DR. B. W. RICHARDSON (Lancet) recommends the local application of rhigolene in cases of burns. He makes a saturated solution of spermaceti in rhigoline, and adds camphor to saturation. The mixture is applied to the burn on a piece of cotton. The rhigolene evaporates at once, and leaves a coating of camphor and spermaceti. The relief is said to be almost immediate. Iodine dissolved in rhigolene (five grains to the ounce) is stated to form an excellent spray for ulceration of the throat, or as an antiseptic for foul wounds. The author says that a very useful antiseptic for inhalation may be made by mixing rhigolene with strong ammonia water, and then decanting the water off. If camphor is added to this solution, a perfect preservative fluid is obtained, in which fresh organs may be placed at once.—*Ind. Ec. Med. Jour.*, February, 1885.

THE APPLICATION OF HEAT AND COLD TO THE HANDS AS A THERAPEUTIC MEASURE.—VASILIEFF ("Ctrlbl. f. d. ges. Therap.;" "London Med. Record") has found, as the result of a hundred experiments, that, if the hands are bathed for half an hour in water of a temperature of from 86° to 95° F., the temperature in the external auditory meatus is increased, the pulse and the respiration are accelerated, and the blood-pressure in the temporal arteries is considerably increased, with distension of the retinal veins. On substituting for the warm water a like quantity having a temperature of from 40° to 55°, the effects are exactly the contrary. The inference is that bathing the hands with cold water is an excellent way to combat cerebral hyperæmia. It is stated by ASKOTCH ENSKY that obstinate epistaxis may be stopped by this simple plan.—*New York Medical Journal*, May 2, 1885.

A NEW TREATMENT OF EPITHELIAL CANCER.—Experiments now in progress, under the supervision of Dr. J. E. GARRETSON, at the Oral Hospital of this city, show a wonderful curative value in the treatment of epithelial cancer with the use of epiderm secured from the horse by means of a curry-comb, the treatment being nothing more complex than keeping a sore continuously covered with the ash-colored powder thus obtained. The horses are to be washed over night and curried with a new curry-comb in the morning. After picking out the hairs the powder is ready for use. When horse epidermis is not to be obtained, the scales may be scraped by means of a knife-blade from the human arm or leg.—*Medical and Surgical Reporter, New York Med. Times*, April, 1885.

VERBASCUM FOR PHTHISIS, ASTHMA, ETC.—The mullein plant is much used in Ireland as a popular medicine in the treatment of phthisis. It is said to increase bodily weight, and to relieve cough and dyspnœa. It is employed by the people in the form of decoction. The leaves are also smoked in pipes and cigarettes for the relief of asthma and bronchitis. In this connection, its value may be greatly enhanced by the admixture of some leaves of coca. If combined with cubebs and smoked, exhaling the smoke through the nose gives almost immediate relief in acute catarrh, checking the watery secretion and allaying the smarting, burning pain. Repeat as often as seems necessary.—*Ind. Ec. Medical Journal*, March, 1885.

PISCIDIA ERYTHRINA.—DUJARDIN-BEAUMETZ employs this drug as a sedative, making use of the following preparation:

Fluid extract Piscidia erythrina of 5 drms.
Syrup of orange-peel, 10 drachms.
Dose, one to three teaspoonfuls daily.

HUCHARD prefers this mixture:

Tincture of piscidia, } eql. prts.
Tinc. of Viburnum prunifolium }
Dose, one to two drachms daily.

—*New York Medical Journal*, May 2, 1885.

OIL OF GAULTHERIA IN RHEUMATISM.—DR. LEUBUSCHER has reported a long series of cases of rheumatism of the joints, in which he has used the oil of gaultheria with as good effect, in every instance, as heretofore was obtained with salicylate of soda. Humming in the ears and difficulty in hearing were also observed as concurrent effects.—*Wien. Med. Presse*, January 4, 1885, *Med. News.*

EUCALYPTUS IN BALDNESS.—A California physician claims that the juice from eucalyptus leaves has induced the hair to grow on his bald head. He was in the habit of pounding to a pulp the leaves, which he applied to his head for the cure of headache, and was surprised to find a new and abundant crop of hair commenced to grow.—*Druggist.—Ind. Ec. Med. Journal.*

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Original Articles.

BATHS IN THERAPEUTICS.*

BY DR. W. B. SPRAGUE, DETROIT, MICH.

The bath is an immersion of the whole or any part of the body of the recipient in any fluid medium for the purpose of cleanliness, pleasure or health. In therapeutics the object is health. If only a portion of the body is immersed, the bath is called local. An immersion of the whole body is a general bath. The medium may be water, compressed, rarified or heated air, vapor, sulphur, electricity, oils, milk, mud, sand, etc. Water is the most common medium and may be pure, mineral, sea, or medicated water, and is used cold, warm, tepid or hot, according to the effect desired. The principal general baths are the full, plunge and shower bath with water; Turkish, Russian, Roman, pack, electric, condensed air and sun baths. The electric may be dynamic (in water) or static. The most useful local baths are the head, sitz, leg and foot baths, local packs, fomentations, douches, irrigation, electrical treatment, and cupping, or "vacuum" treatment.

While the effects of the bath are almost infinite, increase and decrease of temperature are probably most important. The vital functions cannot be normally performed except at a nearly constant temperature of about 100° F. By means not yet fully known to us, nature maintains this temperature in all healthy, warm-blooded animals of every zone and clime. If, for any reason, she fails, there is serious disturbance of the functions of life. Yet the animal is subject to the same laws of absorption and radiation of heat as govern inanimate matter, and it is only by this mysterious power of nature to evolve the required amount of heat, and the abstraction of any surplus through perspiration, etc., that we are enabled to endure such vicissitudes of temperature. We are favored, it is true, by the fact that the air, the medium in which we dwell, is a poor conductor of heat, and we are thus enabled to aid nature, when her powers are insufficient, by immersing the body in a medium that is a better conductor.

Cold is depressing and sedative, and slows the circulation. If long continued, this effect is more or less permanent; but if momentary, there is a reaction and the opposite effects are obtained, the respiration becomes easy, and the muscular strength is increased. This is the tonic action of cold. The circulation is invigorated, constructive metamorphosis is encouraged, and the products of disassimilation are increased. Heat is a stimulant and an excitant and the effects are principally an exaggeration of those following reaction from cold. BARTHOLOW places it among agents promoting constructive metamorphosis, at the same time explaining that it also increases waste. This fact seems to explain the relief afforded by the Turkish bath to those suffering from torpor of the eliminative organs—"bilious attacks." There are times when the interchange of broken down tissue and nutritive elements is abnormally slow. Then increased temperature favors nutrition, and there exists an indication for the Turkish bath. Increased rapidity of transformation demands increased supply of material, and this need is also met in the quickened circulation. The heat of fever causes too rapid metabolic phenomena and consequent wasting of tissue. We can, then, aid nature by reducing the temperature by means of cold baths, and so checking metabosis. The circulation in certain organs or parts may need quickening or may need slowing, for either of which we have no more reliable agents than heat and cold, acting directly or by revulsion.

Perspiration is a constant function of the skin in all climates and seasons, but it is insensible when the habits are sedentary, or the temperature is low. Without free perspiration we are apt to have evidences of insufficient elimination, and these symptoms are easily dispelled by diaphoresis. For producing this effect we have no more certain agent than hot baths. I would not limit this term to water baths, which are inferior for this purpose to Turkish, Russian or sun baths, or the hot-blanket pack. On the other hand, there is no better agent for obtaining antispasis than the warm or hot water bath. Water, being one of the best media for conduction of heat, induces relaxation more quickly than poorer conductors. Antispasis, in the sense of derivation purely, is best produced by local application of heat and cold, or by local vacuum baths. It has been my experience that the effect of heat and cold applied locally, depends

* Synopsis of a paper read before the Detroit Medical and Library Association, May 4, 1885.

upon the seat of application—whether it be over the nerve centres or at their peripheral distribution. For instance, in dysmenorrhœa, cold applied to the lumbar and sacral spine, or heat applied to the anterior abdominal wall will induce a free menstrual flow, while the reverse of these applications will check uterine hæmorrhage. This fact is so reliable that I wonder at having never seen it recorded. Heat is an excellent anodyne in most cases, but we occasionally meet a neuralgia which is aggravated by heat, but relieved by cold. General and local applications of heat, cold, and electricity are the most reliable anodynes.

A marked sedative effect may be produced by warm baths, packs, static or dynamic electricity, or alternate applications of heat and cold. Alternate hot and cold, electricity, sea-baths, sun-baths, condensed air-baths, and Turkish baths, may be used with marked tonic effects.

Among special indications I will mention a few. BARTHOLOW says: "One of the most important recent improvements in therapeutics is the treatment of fevers by cold baths. * * The most conspicuous triumph of the water treatment of the pyrexial state is seen in the management of hyper-pyrexia, a condition of things in which a sudden and rapid rise of temperature takes place, the range being, in extreme cases, from 105° to 112° F. It is now well known that any temperature above 108° F. is almost necessarily a fatal sign. * * * A fatal result in these cases may be averted by cold baths, the temperature of the bath being rapidly reduced from 96° to about 60° F. by the addition of ice. * * * It must not be forgotten that no absolute rule can be made, the state of the patient's pulse, respiration and temperature being the guide, not only as to temperature of the bath, but the duration of the stay in it."

The cold douche to the head is the best remedy for the ravings of delirium tremens. Cold compresses to the throat and ice in the mouth is an excellent means of staying the formation of the false membranes of croup and diphtheria as well as of relieving faucial congestion in these affections and in tonsillitis, and the dyspnœa of spasmodic croup. An ice-bag is the best form of compress, as it prevents wetting of the clothes. If applied long it is better to interrupt with hot fomentations for fifteen minutes, once in two or three hours. There are cases in which the latter should be substituted for the former. Acute mania, cerebral congestion, and sun-stroke require the ice-cap, cool compress, or mild douche to the head. The treatment of eruptive fevers receives advantage from the wet sheet pack. Alternate hot and cold douches, compresses, or sponging to the spine is valuable for functional and even chronic affections of the cord and its meninges. Irrigation of the bowels is very efficient in enteritis and colitis. The effect is rendered more soothing by the addition of barley decoctions, or some other demulcent to the water. Local packs, compresses and fomentations will modify the inflammatory action in pleuritis, pneumonitis, pericarditis, peritonitis, enteritis, etc. Pelvic peritonitis is also relieved thereby, but we have certain relief from the hot vaginal douche in all congestive and inflammatory conditions of the womb and adjacent tissues.

Anæmia, chlorosis, amenorrhœa and other diseases of nutrition are benefited by compressed air—increased oxygenation. The sun-bath is particularly valuable for these conditions. The solar rays contain actinic as well as heat rays, which undoubtedly produce important chemical changes, favorable to nutrition. Take, for example, the potato vine, transplanted from a cellar to the sunlight. The electric bath is useful in general atony, neurasthenia and debility. The Turkish bath is particularly indicated in chronic rheumatism, constitutional syphilis, chronic gout, general dropsy, dipsomania, malarial poisoning, neuralgia, and in sudden depression of the vital powers. Infantile convulsions and spasmodic affections generally are controlled by the warm bath. Hæmorrhoids, bubo, typhlitis, etc., are most effectively treated by sitz baths, hot and cold compresses, and bags of pounded ice.

We also discover remote influences upon circulation, digestion, nutrition, absorption and excretion by the use of baths. Chronic disorders, either primarily or secondarily, impair all these processes, and because of their interdependence the failure of one induces impairment of the others. *Vice versa*, any influence which will improve one encourages better performances of the others, and it is thus that these general remedies, by improving nutrition, are so efficient for chronic affections. Herein lies the necessity for sanitariums and sanitarium treatment. TROUSSEAU says: "The analeptic tonics make the common vital functions, the force of assimilation, predominate in the organism, and consequently cause the most calculable legitimate and salutary reactions."

CLINIC FOR SKIN DISEASES ST. MARY'S HOSPITAL FREE DISPENSARY.

BY A. E. CARRIER, M. D., DETROIT, MICH.*

TELANGIECTASIS.—This little patient has been shown you before, but suffering from another disease, viz.: eczema of the scalp. To-day I wish to call your attention to this little spot on the cheek, which the mother tells us commenced about one year ago. When first noticed, it was about the size of a pin's head.

* Reported by L. N. CASE.

and light-red in color. It has never been the seat of pain nor itching, but has grown until now, as you see, it is as large as a bean, and from the centre, blood-vessels radiate like the spokes of a wheel. It is simply a growth of blood-vessels, making its appearance during the life of the individual, and is called telangiectasis in contra-distinction to nævus, which is congenital. The growths seldom acquire any size. This one is probably as large as it ever will be. They may be found upon any part of the body, but usually select the face or chest. They are generally permanent. The best treatment is destruction by electrolysis.

Our next case is one of

Eczema Rubrum.—Our patient has had this trouble for eight years. He came to the clinic last February, and you will recall his history and the appearance of his leg. He is 50 years old, a blacksmith by occupation, and, preceding this trouble froze his feet and legs, which resulted in blebs, and the loss of the epidermis over a large portion of the left leg and foot, and from this dates his trouble. There is no history of disease of the skin of any kind in his family. We always enquire into the family history to find out if in this disease there has been any history of either parents or grandparents affected with the disease, for, while the factor of heredity plays only a small part in causation of eczema, still there are cases in which it can undoubtedly be traced, and an inherited tendency, while not affecting treatment, would the prognosis.

At the time this case was first shown you, the leg from the knee to the toes was much swollen, and covered in part by thick crusts, and, where these had been removed, there was the moist excoriated surface, bleeding at some points. Itching, you will remember, was intense. He could hardly refrain from scratching when we were examining him. The color was purple-red, and the whole surface was deeply infiltrated. The patient was unable to do any work. Now this is about the history you will find in these cases, having, however, sometimes a history of varicose veins added. Inquiry into the general health of the patient showed flabby tongue, heavily coated, bad taste in the mouth and constipated bowels. To-day I wish you all to examine this leg by feeling of it. You must become accustomed to the feel of infiltrated skin and normal skin; appearances to the eye might decieve you as to the amount of infiltration. You notice this feature much less now than when he was first shown you, and also that he does not complain of itching, and that the leg is much smaller, showing a more natural color, and without the scales, crusts, or excoriations shown at first. Now, how has this much benefit been accomplished? You will find that most patients have an aversion to removing the products of skin disease, fearing that by taking off crusts or scales they may spread the disease. This, however, is the first thing to be done. You cannot examine diseased tissues without it, nor apply medicines to the part in a manner calculated to do good. Remove products of disease first by soaking flannels in sweet oil and wrapping around the parts, followed by washing with soap and water, and then we are ready for medicines. In E. morbidans where disease has become as chronic as in this case, I find that after using the green soap and thoroughly rubbing it over the diseased surface, then washing and drying, I got the best results from the application of the elastic bandage, keeping it on night and day for three days. The bandage to be removed and cleansed and reapplied, however, night and morning, then allowing twenty-four hours rest before again applying it, preceding its application by the green soap as at first. Sometimes it may be found necessary to use something stronger than the soap, and caustic potash, ten to sixty grains in an ounce of water, may be applied, care being taken not to get the potash on any sound skin. The different mercurials in ointments may at times be used with benefit. Next to the rubber bandage, and sometimes to be used in conjunction with it, is the lead plaster spread on strips of muslin, and closely applied to every part of the diseased surface, after the use of the green soap, or caustic potash, and thoroughly drying the surface before its application. You must be careful when using the rubber bandage to know that it is pure rubber, many of the so-called rubber bandages being very irritating on account of their not being pure rubber.

So far we have said nothing about internal medication. I do not think it would be common sense to neglect the condition of stomach and bowels found in this patient, and we have given him :

℞ Magnesii sulphatis, ʒ ii.
Ferri sulphatis, gr. xv.
Acidi sulphurici dil., ʒ iss.
Aquæ, ℥ iss.

M. S. A teaspoonful in water after meals.

Its effect has been to correct the sluggish action of the bowels, and I find that most cases of eczema do better when the bowels move more freely. You see the patient is very much improved, and we will have him reapply the diachylon ointment, and use the elastic bandage in same manner as he has already done.

Our next case is also one of eczema, but affecting the forearms and hands. We find that she has had the trouble before, but not during the last eleven years. No trace of heredity in her case either. Present attack commenced nine weeks ago, coming on after washing clothing. In her history you notice she has constipated bowels, furred tongue, etc.,

and that itching is intense. We find on examining the arms, redness, infiltration, heat, but no moisture. There was, however, at commencement of disease. Now we find papules and scales. This patient came to the clinic on Friday last, and to-day she tells us she is much better. What have we done? Very little. Clothes-washing and dish-washing act at this time as a cause of the trouble, and as long as she continued to do these her eczema got no better. We simply forbade her doing this work, gave her the saline mixture to open her bowels, and she is better. The irritation being removed, the disease will probably get well of itself. Why is it that for a period of over seven years this patient, while following the same employment, should have been free from salt rheum. She has during all that time probably used the same kind of soap and water in washing clothes or dishes, and atmospheric changes have been the same. There is, undoubtedly, something more necessary than the application of an irritant to cause the disease. There must be a something in the constitution of patients at this time which provokes the development of an eczematous inflammation on the application of an irritant. If we find that her health has been good up to the time of this attack, and at that time dyspeptic or malarial symptoms developed, or if we can find disturbance of any internal organ dating from about that time, it may solve the problem. But there are many cases without history of any disease of any organ preceding the outbreak of an eczema, and our question remains unanswered. I believe, however, that the large majority of cases will be found dependent upon trouble of some internal organ, and treatment designed for the removal of that trouble will be the correct course to pursue. We are in danger of neglecting the constitutional troubles on account of the ease with which we can study and treat the local affection, and also because the patients will consult us for the local trouble, without a thought of its being dependent upon functional or organic disturbance independent of the skin. The good physician will be the good dermatologist.

650 Third Ave.

CYSTITIS.*

BY N. WIEST, M. D., DETROIT, MICH.

Cystitis, or catarrh of the bladder, is a disease of advanced life, principally, and is most common in the male. It is a frequent sequel of stone, enlarged prostate, stricture, gonorrhœa, exposure to cold and damp, or of any urethral or prostatic obstruction.

The seat of the inflammation is the mucous membrane of the bladder, and, occasionally, the disease attacks the submucous tissues.

The membrane becomes rough, thickened, covered with flakes of lymph and phosphatic secretion, and in severe cases, ulcerates.

The urine varies in character according to the cause of the disease; when due to gonorrhœa, it will be cloudy from the presence of mucus, pus, etc., or it may be stained with blood.

In the other cases we usually find a grayish, viscid, ropy mucus, or muco-purulent fluid, which, upon standing, settles to the bottom of the vessel in a more or less thick, gelatinous mass, having a heavy sickening odor.

In chronic cases the urine will generally be alkaline or ammoniacal, and, in subacute cases, acid.

As the disease comes on, there is a frequent desire on the part of the patient to urinate; this desire increasing in frequency as the disease advances.

As soon as a small quantity of urine is secreted, there is an uncontrollable desire to urinate, and the call must be immediately attended to, or the bladder will partially contract, causing an involuntary escape of urine.

Then follows a sharp, grinding, bearing-down pain after each act of urination, caused by the empty bladder contracting upon itself, and squeezing its own tender neck.

There is pain in the vesical region, more or less heat in the perineum, a constant sensation of fullness in the bladder, calling for repeated and unavailing attempts to pass water, and a feeling of heat and pain in the urethra, often accompanied by tenesmus.

As a general thing patients suffering with cystitis have a pale, anæmic countenance, bearing a look of anxiety. They are very nervous and irritable, easily disturbed by petty annoyances, and allow their thoughts to dwell upon themselves and their disease the greater part of the time.

As for treatment, there are about as many different remedies recommended for this trouble as for other special complaints, and, like the others, they all fail at times. After going through the usual category of buchu, nitre, uva ursi, cubebs, copaiba, bicarbonate of soda, eucalyptus, the balsams, etc., for internal use, and injections of warm water containing carbolic acid, nitric acid, nitrate of silver, etc., the physician often finds himself puzzled to know what to do next.

Of course the one important thing is to get at the cause of the trouble and remove that if possible. If stone be the cause, the stone must be removed, and an attempt be made to prevent the formation of new ones. If stricture, the stricture must be broken up.

As before stated, many of these cases in the male subject arise from enlarged prostate.

*A paper read before the Detroit Medical and Library Association, April 20, 1885.

professor in one of our medical colleges, DR. PALMER, I believe, has said that a person suffering from cystitis, caused by enlarged prostate, can relieve himself very much, and, ultimately, assist in effecting a cure, by simply grasping the head of the penis at each act of urination, and holding it tightly until the urethra becomes fully extended before allowing the water to escape. In this way the stricture caused by the enlargement of the gland, can, in a great measure, be overcome.

I will append two or three cases that have come under my observation, with their course and treatment.

Case 1 was that of a man 65 years of age. History of case as follows: Had never been troubled before, with the exception of the fact that during the past four or five years he had noticed that whenever he caught cold his water did not pass as freely as formerly, but the act of passing it was not accompanied with pain. Was caught in a cold rain storm in the fall of the year, and became thoroughly drenched. Was careless about changing his clothing and getting thoroughly warmed before retiring for the night. Felt cold all night, and, on the following day, was taken with severe chill, which lasted several hours.

Noticed a good deal of pain and uneasiness in the vesical region, also an increase in the size of the right testicle, which continued to swell until it became about three or four times its normal size, and caused considerable pain.

Warm fomentations were applied to the abdomen, and a wash of subacetate of lead and tincture of opium were used upon the enlarged testicle, which soon returned to its normal size.

As the patient felt better no special attention was paid to him for a number of days, when he returned, and said that he was experiencing considerable trouble in passing his water. That he was continually desiring to pass it, but, when the attempt was made, there seemed to be a spasm of the neck of the bladder, and the water refused to flow, and then followed an intense, grinding pain, with tenesmus, that was unendurable. When some of the water did escape and stood in a vessel for a short time, there was a thick, ropy deposit resembling pus and mucus. Urine strongly alkaline.

On examination it was found that there was enlargement of the prostate, which was assigned as the cause of the trouble. The usual internal remedies were administered without any perceptible benefit until his water was drawn a couple of times daily with a soft rubber catheter. He was soon able to use the catheter himself, and made a good recovery on no other treatment than catheterism, and drinking a decoction of balsam of fir, which he prepared for himself, by steeping the boughs, or twigs, of the fir tree, and drinking freely of this tea.

Case 2.—MRS. P., aged 45 years, had been troubled since her last confinement, 15 months before. Had been down with last attack eight months, and had been three weeks without any medical aid, her physician being sick.

I found her in a bad condition. Passage of urine difficult, and attended by great pain and tenderness.

On examination found the urethra very much swollen, and so constricted that I could scarcely pass a No. 7 soft catheter. Put her on a mixture of buchu, uva ursi, and nitre, and attended to keeping her bladder empty by use of the catheter. Hot fomentations on abdomen when called for.

After following this line of treatment for about a week, with little or no improvement, I set my wits at work to think what I could try next. The thought occurred to me, since hamamelis is good in inflammations generally, why not try injections of it into the bladder in this case? I did so, using, twice daily, the distilled extract diluted about one-half in warm water, still continuing the buchu mixture. After a few days of this treatment the bladder symptoms ceased, urine cleared up and became normal. The only trouble now remaining was the inflamed and ulcerated condition of the urethra, and this was very annoying for it kept the patient confined to her bed, when, in all other respects, she felt very well.

To overcome this I inserted medicated bougies into the urethra, composed of gelatin, iodoform, morphina, and belladonna. Patient was slowly improving when the last cold wave struck us; she took a severe cold which caused a return of the catarrhal symptoms, which had been absent a period of six weeks. This so discouraged her that she immediately sent for an "older physician," with what result I know not.

I will very briefly mention one more case: A young girl, 16 years of age, came to me suffering from an acute attack of cystitis following gonorrhœa. After a couple of weeks' treatment with buchu, uva ursi and nitre for internal administration, and daily injections of hamamelis, she was pronounced cured, and dismissed.

NOTES ON NEW REMEDIES.*

REPORTED BY J. J. MULHERON, M. D.

April 7, 1885. John K., æt. 67, has suffered from asthma for the past two years. Status præsens: Emphysema of upper lobes; increased resonance on percussion, vesiculo-tympanitic resonance most marked over left lung. Inspiratory sound shortened, and expiratory sound prolonged, low in pitch and blowing. Cough and expectoration, cough being spasmodic in

* From the Record of West End Dispensary, Detroit, Mich.

character. Prolabia and face cyanotic. Patient has not been able to lie down for over two weeks. Respirations, 35 per minute. Dyspnœa, very distressing. Physical examination shows heart to be unaffected.

℞ Potassii iodidi, ℥ ss.
Ext. belladonnæ, gr. viij.
Aquæ, ℥ jv.
M.
Sig. A teaspoonful every 3 hours.

April 10th. Patient no better; dyspnœa, if anything, increased, and cough not improved. Constitutional effects of belladonna well marked.

℞ Ammonii muriatis, ʒ iij.
Spts. etheris nit., ʒ iij.
Syrup. ipecac, ℥ j.
Etheris sulph., ʒ iij.
Pulv. ext. glycyrrhizæ, ℥ ss.
M. Aquam q. s. ad. ℥ vj.
Sig. A tablespoonful every 4 hours.

April 17th. Cough slightly improved, but no relief from dyspnœa, cyanosis being unimproved.

℞ Ext. quebracho fluidi.
Ext. grindeliæ robustæ fluidi, ää ℥ j.
Glycerini.
Aquæ, ää ℥ iij.
M.
Sig. A tablespoonful every three hours.

May 10th. Patient reports that improvement commenced after taking fourth dose of mixture, and was so rapid that he diminished the frequency of the dose. He has had no attack of asthma, and has been quite free from dyspnœa for over two weeks, during which time he has taken no medicine. Respirations, 25 per minute, and cyanosis absent. Has slept more comfortably than for two years. Contracted a slight cold two days ago, and from a slight "stuffiness of breathing," is afraid he may have another attack of asthma. He requests "another bottle of the medicine," in which his faith is very strong. Never took anything which afforded him such prompt and permanent relief.

Grace C., æt. 12. Capillary bronchitis, following bronchitis, affecting the larger tubes. Respirations, 40 a minute. Dyspnœa great, with lividity of prolabia. Subcrepitant râles of low pitch, generally diffused. Cough frequent and ineffective.

Patient was put on the usual expectorants, including carbonate of ammonia, without, however, deriving any benefit, the dyspnœa, indeed, becoming so alarming as to prevent her from being brought to the dispensary. She was visited at her home, and found to be in an extremely critical condition, it being evident that unless the dyspnœa were speedily relieved, apnœa must soon follow.

April 21st, the following combination was administered:

℞ Ext. quebracho fluidi.
Ext. grindeliæ robustæ fluidi.
Ext. yerbæ santæ.
Glycerini, ää ʒ vj.
M.
Sig. A teaspoonful every 3 hours.

April 25th. Favorable reports having been received, the patient was not again visited until to-day, when she was found quietly resting on a lounge and breathing easily, respiration being reduced to 28 per minute. The relief of the dyspnœa was, however, apparently disproportionate to the improvement in the condition of the lungs, the capillary bronchi being still much filled. Medicine continued.

April 29th. Respiration reduced to 22 a minute, no dyspnœa, cough much improved, and patient convalescent. She was put on the following tonic-alternative, and recovery was soon complete:

℞ Tr. ferri muriatis, ʒ iij.
Liq. potas. arsenitis, ʒ j.
Aquæ chloroformi, ℥ ij.
Aquæ font., ℥ jss.
M.
Sig. A teaspoonful three times a day.

Willie C., æt. 18 mos. Has eczema covering completely head, face and chest, with extensive excoriations from scratching. The surface is angrily inflamed, and there is profuse oozing of the characteristic discharge, which has formed into large crusts, particularly on the head. The eczema first appeared when the child was but one month old, since when it has been continuously treated, several physicians having had a trial at it.

April 18th.

℞ Ungt. hydrarg. nitratis.
Ungt. zinci oxydi, ää ʒ ij.
Ungt. petrolei, ℥ ss.
M.

April 26th. No improvement; any benefit which might have been secured from the ointment having been negatived by the scratching, which the intense itching made it impossible to prevent.

℞ Ext. cocæ erythrox. fluidi, ℥ iij.
Aquæ, ℥ v.
M.
Sig. Wash.

The coca was thus applied after a suggestion

by DR. J. V. SHOEMAKER, of Philadelphia, who reports excellent results from the use of it.

May 1st. Marked improvement in the appearance of the eruption. Inflammation almost completely subsided. Since the second application of the coca wash there has been no itching.

May 6th. Improvement continued. Medicine repeated.

May 12th. Eruption somewhat worse, owing, probably, to a severe cold from which the child is suffering. Treatment continued.

May 20th. Eruption has almost entirely disappeared, only a spot of the size of a silver quarter appearing on the right cheek. To this an ointment of ungt. ammonia hydrarg., 1 part, and ungt. petrolei 3 parts was applied. The effect of the coca in allaying the inflammation and itching in this case was remarkable.

BORO-GLYCERIDE IN THE TREATMENT OF AFFECTIONS OF THE MUCOUS MEMBRANE.*

BY WM. R. CHITTICK, M. D., DETROIT, MICH.

Boro-glyceride was first brought to notice by Professor BARFF, in a paper read April 1st, 1882, before the Society of Arts, London. He advocated its use as a preservative of fresh meats, eggs and other articles of food that are subject to putrefaction by a change of temperature, or by bacteria, and gave a list of different articles that had been treated with this substance and which had been transported across salt water with complete success. The remarkable thing about these goods was that they were not altered in any way by their treatment, and were as sweet to the taste as before preparation.

It was brought forward as an antiseptic equal to carbolic acid, but without the disagreeable odor of that drug. It would do as much as, or more than salicylic acid, with the advantage that it was nearly tasteless, and produced no injury if taken internally.

In the summer of '82 it was tested in the Charing Cross Hospital as a surgical dressing, and the result compared with those obtained with dressings of carbolic acid and iodoform. The cases selected in which the boro-glyceride was used were equally as bad, if not worse, than those on which the other antiseptics were used. The results were highly gratifying. In those cases treated with the boro-glyceride, it was claimed, there was *no increase in temperature*, in other words, no poisoning, as there often is when carbolic acid or iodoform is used. The wounds had a healthy and clean appearance, and healed rapidly, in fact in some cases the wounds healed with marvelous rapidity. There is no dressing in use that seems to have so many advantages as boro-glyceride.

This substance is prepared as follows: Ninety-two parts, by weight, of glycerin is heated to a temperature of about 300° Fah.; sixty-two parts of pure boric acid is then slowly added, and the whole continually stirred until all of the acid is dissolved: this it does slowly, the process occupying from twelve to twenty-four hours. Some bubbles of steam arise, but they find their way to the top and escape. The product is a brittle, translucent mass the color of amber. If, after it has cooled, an equal quantity, by weight, of glycerin be added, a solution containing 50-per-cent. of boric acid will be obtained. This is a good strength to use, although it may be made weaker by the addition of more glycerin. It may be diluted with water, so as to be injected into cavities or into the vagina, but it must be used immediately or it will precipitate.

My experience with this drug has been more particularly in the treatment of affections of the mucous membrane. I have found it a pleasant remedy to use, and one that does its work well. It is bland and soothing. It allays irritation and prevents suppuration.

It is the best remedy I know of in the treatment of acute or chronic inflammation of the ear, and the rapidity with which it heals these troubles has, to me, been very surprising.

The following cases are some in which I have used this remedy:

Case 1.—Miss M., aged 16 years. Subject to attacks of acute aural catarrh. One evening during the past winter, on leaving a roller skating rink, over-heated and insufficiently wrapped after such active exercise, she took part in a snow-balling match. The consequence was, that night she had a severe earache. I saw her the next day. I tried muriate of cocaine to alleviate the pain, but it had little or no effect. I then used a solution of sulphate of atropia with much better results; then, after cleaning out the ear and inflating it, I dropped into the external canal as much of a 50-per-cent. solution of boro-glyceride as it would hold, and plugged it up with a little cotton wool. After six days of such treatment, the ear was healed nicely and I discharged my patient.

Case 2.—Mrs. H., chronic catarrh of the middle ear, with perforation of the drum; also catarrh of the pharynx. Patient took cold, which brought on an acute attack of the ear trouble. With the use of boro-glyceride, she was well of this attack in three days.

Case 3.—Letter-carrier. This patient was affected with acute catarrhal conjunctivitis that was prevalent the past winter. Boro-glyceride was applied to the everted eye-lids once a day for three days, with gratifying results.

*A paper read before the Detroit Medical and Library Association, May 4, 1885.

Case 4.—J. C., a moulder: the trouble, same as case 3. This case was more obstinate, and I feared he was going to have a long siege of it. Treatment for a week, however, ended the difficulty. I might state that he continued his work in the moulding shop all through the attack, which made the case much more difficult to treat.

Case 5.—A case of suppurating mammary gland. The trouble had continued for two months in spite of straps, injections and internal treatment. The cavity was injected twice a day for twelve or fourteen days. Very much improvement followed, and with the addition of a rubber drainage tube, the breast healed nicely.

DR. G. P. ANDREWS reports a number of cases of tonsilitis and general pharyngeal inflammations treated with boro-glyceride with happy results.

The most marked effect of the drug is its depleting as well as astringent action.

83 LAFAYETTE AVE.

PNEUMONIA OF THE INSANE.*

BY DR. C. B. BURR, PONTIAC, MICH.

If not presuming too much, I would like to call the attention of the Society to a series of interesting cases met with in practice among the insane, which have, so far as my experience goes, and so far as I can learn from the experience of others, no exact counterpart among those free from mental disease. The subject is one which has been very little written upon or discussed, and which would, perhaps, be a fitting topic for an extended paper. The briefest reference to it, however, is all that I shall be able to make in the limits of this communication. I refer to a peculiar pneumonic process which occurs among the insane, more particularly the debilitated and those having degenerative forms of disease, or dementia in its advanced stages. A patient is suddenly, in the midst of usual health, afflicted with irregular febrile movement, and has loss of appetite and the appearance of being ill. As a rule, he does not complain particularly, and goes to bed, perhaps at the suggestion of his physician or attendant. It is found that he does not regain strength rapidly, and that loss of appetite continues. He lies in bed listless and indifferent to his surroundings, and grows progressively feebler. A slight elevation of temperature continues, but there is, as a rule, no cough, no dyspnœa, only trifling acceleration of the heart's action and scarcely any increase in the number of the respiratory movements. An examination of the chest, however, at this time may show, to the surprise of the physician, consolidation of one or more lobes in a lung, one in each lung, or an entire lung. The usual physical signs are present: dullness on percussion, high pitch, bronchial breathing, etc. The lung remains in this condition for a variable length of time, clearing up, as a rule, slowly, but in the end, perfectly, the patient recovering his usual physical health. An interesting illustrative case, which has been pointed out to several members of the Society, including the secretary, is briefly given:

L. C. H., a male, aged 32, suffering from chronic mental impairment, was observed in the early part of June, 1884, to be ill. On the 5th of June a note to the following effect was made about him: "He has been ill for three or four days, has had an irregular fever with an occasional chill, and has been considerably prostrated. There has been present a slight pharyngitis, but one not of sufficient intensity to account for his symptoms. He has been taking liberal doses of quinine, but continues to have fever. This morning his temperature is 102°. Percussion over the chest reveals the fact that there is almost total consolidation of the left lung. The condition is most marked in the lower lobe. The discovery is a surprise. There has not been a single symptom pointing directly to disease in this locality. There has been no cough, scarcely any acceleration in respiration, no pain in the chest, no expectoration." On the 8th of June the following note was made: "The lung is still dull, but there is absence of fever. There is great mental hebetude." On the 9th, he sat up four-and-a-half hours. On the 17th there was still evidence of consolidation, although he progressively improved, and was able to be up and about the hall. At about this time his condition was investigated by DR. WILLIAM BRODIE, who was visiting at the Asylum, and who expressed great interest in it. During the month following he recovered health slowly, and eventually the symptoms of consolidation entirely disappeared. On the 26th of July he was "in as good flesh as before his late illness." At present this patient is in good bodily health, weighs in the neighborhood of 180 pounds, is able to take exercise in the open air, and under direction, to perform light hall work. There is not the slightest indication of lung trouble remaining.

I would mention, in explanation of these conditions, a vaso-motor paralysis conditioned upon central causes, and beg leave to refer to remarks by KRAFT-EBING in his "Lehrbuch der Psychiatrie" bearing upon the subject: "Pneumonia is the cause of death in about one-sixth of all cases of chronic insanity. Hypostatic pneumonias, dependent upon weakened heart's action and incomplete respiration, are frequent

*A paper presented to the Detroit Medical and Library Association, April 20, 1885.

among marasmic dements. Pneumonia dependent upon the cerebral process conditioned upon vascular paralysis, is a frequent cause of death among paralytics. Croupous pneumonia is also not infrequent, and its development is favored by exposure, which such patients, chiefly those who are maniacal, are subjected to. Pneumonia in the insane, as in the aged, is, as a rule, latent, without chill, cough or expectoration, so that physical diagnosis alone indicates its existence. Loss of appetite and the sudden appearance of an adynamic condition are often the only outward signs of the developed disease."

A SEVERE AND UNUSUAL CIRCULAR SAW ACCIDENT.

BY W. E. HUGHES, M. D., PORTAGE, OHIO.

On the 12th day of last November, I was called in haste to attend B. T—, æt 45, who met with an accident in a saw mill. On arrival I found him lying in bed very much exhausted, and on making examination found the following conditions and received the history of the circumstances relating to the case: It appears that he was taking heavy planks away from the saw (a large circular) as fast as cut, he lifting one end and another man the other. By some mischance he backed up against the saw, which at the time was not running at full speed; being behind the saw, he was struck in an upward direction. Leaving out a description of eleven severe wounds on the posterior part of the thigh, as, compared with the main injury, they seemed of small importance, the examination showed a deep, ragged cut, commencing about an inch below the anus and extending upwards about 14 inches in nearly a direct line. The anus, about four inches of the rectum, and the entire coccyx were torn out; the sacrum at the lower portion nearly cut through and the remainder of the wound a torn and ragged mass of muscle and integument.

As it was evening and quite dark, I made him as comfortable as possible and directed that, early in the morning, Dr. W. M. TULLER, of Bowling Green, should be sent for to assist me in doing whatever, on more careful examination, should be found necessary. As soon as it was light enough the next morning, we proceeded to dress the wound, the patient refusing to take chloroform. After paring off several rough edges and carefully cleansing, the rectum was seized with a tenaculum and brought out. The anus having been entirely destroyed, it was found necessary to make a new one, which was done by stitching the edges of the gut to the two edges of integument, using eight silk sutures for this purpose, also taking precautions against contraction. The present orifice is about three and one-half inches higher than the natural anus. Twenty-eight sutures, besides adhesive strips, were required in all. A full dose of opium was then given and the patient put to bed. The after-treatment for the next eight days, consisted in merely cleansing the wound and giving opium to confine the bowels. The inflammatory reaction was very slight.

November 22d, the patient complained of uneasiness, and was somewhat alarmed about not having a passage. On examining the new anus I found the entire edge of the gut had united, hardened fæces nearly protruding. The fæcal mass was removed by means of a scoop improvised for the purpose. Next morning gave half an ounce of Rochelle salts, to be repeated in the afternoon if necessary. Copious evacuation followed and patient felt much relieved. From this time on only a few minor matters connected with the bowel and wound were attended to, the patient making a good and unexpected recovery. I saw him last about about a month ago. He had rode to town on horseback, had been doing some work and was feeling well. The absence of a sphincter is, of course, the great drawback. This is the first man I ever heard of who sat on a circular saw in motion, and lived to tell the tale.

MAGGOTS IN THE EAR; QUININE GIVEN THROUGH MOTHER'S MILK.

BY JAS. VERCOE, KENT P.O., WASHINGTON TER.

In answer to your request I send you the following, and so help with my mite.

Case 1.—Guss G—— came to me complaining that he had a fly in his ear. It went in two days before, when he was lying asleep on the grass. Before this, for weeks, pus had been discharging from the ear. On examination I found maggots playing a lively dance on his drum membrane. They had cleaned the ear perfectly.

I poured one drachm of oil of turpentine into his ear, and, after a few seconds, syringed with warm water, using DAVIDSON'S syringe with the small pipe. It brought out thirteen maggots. I then poured in a little warm sweet oil, and filled the ear with absorbent cotton. The result was a perfect cure. He has not been troubled in the least since.

In chronic discharges from the outer ear, this is the "boss" cure.

Case 2.—Boy, æt. two months, very healthy. A few days after birth I noticed strabismus of left eye, accompanied with redness. At times the eye would be natural. This difficulty increased, so that at six weeks of age the eye constantly secreted pus. From this time until the cure, nothing was done except attention to cleanliness.

When the child was two months old, the

mother took cold and suffered severely with hemicrania. I gave her eight grains of quinine and one ounce of beef, wine and iron at a single dose. Relief was marked. She went to sleep and was not again troubled. In the morning, as usual, the mother proceeded to clean the child's eye, but found no discharge, and the eye was in all respects natural and as straight as the other. No other remedies were given. It was a perfect cure, effected through the medicated milk from the mother. The child is now sixteen months old and has not been troubled since. A single dose of quinine and beef, etc., did the work.

Moral: If in doubt, give quinine.

[From Medical Record.]

AMERICAN MEDICAL ASSOCIATION.

THIRTY-SIXTH ANNUAL SESSION.

FRIDAY, MAY 1.—Fourth Day.

The Association was called to order by the President.

Prayer was offered by REV. SYLVANUS LANDRUM.

For Trustees of the Journal, DRS. J. M. TONER, of Washington, J. H. HOLLISTER, of Chicago, E. M. MOORE, of Rochester, N. Y. For Chairman of the Committee of Arrangements, DR. LE GRAND ATWOOD, of St. Louis. For Assistant Secretary, DR. WM. GLASGOW, of St. Louis. To fill the vacancy in the Judicial Council caused by the resignation of DR. WILLIAM BRODIE, of Detroit, DR. J. K. BARTLETT, of Milwaukee, Wis.

DR. HARVEY REED, of Mansfield, O., offered the following resolution, which was adopted:

"*Resolved*, That a committee of three be appointed by the president, whose duty shall be to devise a system for awarding, to those who may desire, honors for papers at the next meeting, and that said committee shall report through the Association Journal."

The resolution offered by DR. ROBERTS, of Philadelphia, adopted in the Section on State Medicine, and referred to the Association, was taken from the table and adopted. It recommends that measures be taken to establish in each State and Territory a board of medical examiners, whose certificate shall be the only license to practice medicine in that commonwealth.

DR. KELLER, of Hot Springs, called up the following resolution, which, on motion by DR. MORRIS, of Baltimore, was referred to a special committee to report at the next meeting:

Resolved, That, in the near future, if not now, cremation will become a sanitary need in the cities.

DR. J. A. WHITE, of Richmond, Va., read the address of the Chairman of the Section in Ophthalmology, Otology, and Laryngology.

Operations and methods have been lauded as making an era in medicine, have been universally adopted, and have as suddenly died. For example, optico-ciliary neurotomy and GRAEFE'S modified linear extraction of cataract have shared a fate which renders it difficult to say what is, and what is not, an advance in the right direction.

During the last year there has been a steady growth in the departments represented in this section, especially in rhinology, both in the way of grafting in new ideas, and applying the pruning-knife to old ones. In opthalmology much has been done in researches concerning the pathology of sympathetic ophthalmia, and while it has not been definitely established that the disease is a specific infection, the opinion is steadily gaining ground that the optic nerve and its sheath make a direct communication between the uveal tracts along which micro-organisms can pass and play a most important part in communicating the affection.

The effort to substitute evisceration of the eyeball for enucleation, the apostle of which is ALFRED GRAEFE, was originated by HENRY D. NOYES, of New York. The treatment of purulent ulceration of the cornea by means of the galvano-cautery has obtained foothold through the aid of cocaine.

DR. WHITE then gave rules for the use of jequirity in the treatment of trachoma. The most important ophthalmic work of the past year is LANDOLT'S labor to find the exact method of determining the amplitude of convergence. Binocular fixation for established distance is one of the most important functions of the eye, and any disturbance of the normal relation of the two sets of muscles which accomplish this brings about asthenopia. LANDOLT'S method contemplates the exact determination of the power of convergence.

The speaker then directed attention to cocaine and the manner in which it produces its peculiar anæsthetic effect. It is almost useless in children, or in stupid, obstinate, or very anxious patients, in complicated cataract, in iridectomy for glaucoma when the eye is much inflamed, and in all prolonged operations.

The most important advance in rhinology has been in the investigations tending to the solution of the important questions regarding the relation of nasal pathology to certain neuroses heretofore referred to other causes. That a "reflex-producing area" exists in the nasal fossa has been determined by HACK, of Frieburg, and MACKENZIE, of Baltimore, working independently of each other, and arriving at practically the same conclusions.

The address closed with a special reference to the reflex phenomena of hay fever, in which he did not agree with MACKENZIE in the neces-

sity of engorgement or swelling of the turbinated tissues, but thought that abnormal excitability, either inherited or acquired, of the reflex nervous centres, best explained the different forms this reflex neurosis takes in different individuals.

The address was referred to the Committee on Publication.

DR. J. H. POPE, of Texas, gave an abstract of his address, in which he said that no remedies specially adapted to the treatment of diseases of children had been brought forward during the past year, unless such measures were included as had been devised for the improvement of preparations of infants' foods. Of diseases special mention was made of diphtheria and the benefit arising from its treatment by means of bichloride of mercury. The third topic to which special attention was directed was prolonged nursing as an etiological factor in rickets.

The address was referred to the Committee on Publication.

DR. W. W. ALLPORT, of Chicago, Ill., Chairman of the Section on Dental and Oral Surgery, being absent, his address was not read, but permission was given to him to report directly to the editor of the Journal.

DR. QUINBY, of Jersey City, Chairman of the Committee, reported the following proposed amendment to the by-laws:

"That a new Section of Medicine entitled 'Medical Jurisprudence,' be established by the Association." Laid over until next year.

DR. TONER, of Washington, Chairman, reported that the Committee on Necrology had from time to time reported to the Journal, thus obviating the necessity of making an extended report to the Association.

On motion of DR. EUGENE SMITH, of Detroit, the amendment proposed by DR. CARL SEILER, to divide the Section in Ophthalmology and create a Section in Laryngology, was taken from the table, and after some discussion was postponed indefinitely.

The amendment proposed by DR. VON KLEIN, of Dayton, O., with reference to a higher grade of medical education, was, on motion of DR. TONER, in the absence of the proposer, laid upon the table.

The following resolution, offered last year by DR. COCHRAN, of Alabama, and which he wished to have construed as a proposed amendment to the by-laws, gave rise to a brisk discussion, and finally, on motion by DR. MURPHY, of St. Paul, was laid upon the table.

"*Resolved*, That it is the sense of this Association that it is not expedient for the Nominating Committee to nominate any of its own members for any of the offices of the Association."

DR. BYRD, of Quincy, Ill., offered as a proposed amendment concerning the formation of the Nominating Committee, that each State medical society shall each year appoint a member of the Nominating Committee, together with three alternates, and that the members thus appointed by the several States shall constitute the annual Committee on Nominations of the Association. Laid over under the rule.

DR. MORRIS H. HENRY, of New York, was elected a delegate to the British Medical Association, and the President and the Permanent Secretary were empowered to issue credentials to delegates to the same Association as heretofore.

DR. GARCELON, of Maine, and DR. JELKS, of Arkansas, offered the usual resolutions, including the thanks of the Association for the courteous attention paid to it by the citizens of New Orleans, mentioning especially MRS. DR. T. G. RICHARDSON, MRS. CARTRIGHT EUSTIS, the Jockey Club, the Washington Artillery, the Directors of the Tulane University, the clergymen, and the daily press. Several short but earnest speeches were made complimenting the citizens of New Orleans for their reception and entertainment of the Association, and the resolutions were unanimously adopted.

Ex-Presidents J. M. TONER and T. G. RICHARDSON were appointed a Committee to conduct the President-elect, DR. WILLIAM BRODIE, of Michigan, to the chair, who, in behalf of the profession of the State which he represented thanked the Association for the honor it had conferred upon him.

DR. N. S. DAVIS, of Chicago, then made a few stirring and patriotic remarks with reference to this meeting in the Crescent City of the South, after which the Association adjourned to meet in the city of St. Louis, on the first Tuesday in May, 1886.

DETROIT MEDICAL AND LIBRARY ASSOCIATION.

REGULAR MEETING, April 20.

Meeting called to order by PRESIDENT INGLIS.

Letters were read from DR. G. W. TOPPING, of Dewitt, Mich., and DRS. J. D. MUNSON and C. B. BURR, of Pontiac, acknowledging their election to corresponding membership.

DR. BURR presented to the society a communication on "*Pneumonia of the Insane.*" (See page 224.)

DR. WIEST read a paper on *Cystitis*. (See page 220.)

DR. F. W. ROBBINS: There was a case at Harper hospital last summer that came under my care. It seemed to me very in-

teresting. She had had trouble in retaining her water for two or three years. It had been worse for the last three months. She said some physician told her she had cancer of the womb. I examined her, and thought I could detect just back of the bladder a little swelling. It was hard; no pain whatever; not very large, but still she could not retain her water. She had chills and some fever. Under treatment she got better, but did not recover. I examined the urine and found a great deal of pus and other evidence of cystitis.

Upon further examination we detected the same slight swelling to the right of the bladder, a little back, and did not know but that it might be due to the thickening of the wall of the bladder. The woman went on quite rapidly to her death, which occurred in three weeks. At the post mortem I found these conditions: At first I found a small cyst, an inch, perhaps, in diameter, on both ovaries. At the point where we detected a slight thickening of the wall we found a mass which seemed to be two or three inches long. On the other side of the bladder, between the os and the uterus, we could not detect anything. The mucous membrane of the bladder itself seemed to be almost entirely denuded, and its entire walls were very much thickened. Then cutting into the kidney we found it enlarged, and of a light color. At its upper extremity it seemed to be softened. Of course, it was difficult to tell how much urine she was passing, because she was passing it involuntarily continually. Upon cutting into the other kidney the first stroke of the knife scattered the pus in every direction. There was nothing whatever left of the kidney with the exception of the cortex. In the hilum there was a large cancerous mass. What was interesting to me was whether it was cancerous first, or cystitis afterward, or whether there was any connection between the two.

Dr. Hutton: I have a little matter to report that may be interesting. It was a very pleasant surprise to the patient. A case of ingrowing toe-nails, or a pair of them, and the patient was a lady, and so the surprise was somewhat agreeable on that account. The toes were very sensitive, very painful to the touch, and very difficult to examine, and I hadn't thought of using cocaine solution upon them until after I had attempted to manipulate a little while, and then I could scarcely make an examination without giving chloroform or some other anæsthetic. She refused to take chloroform, and I thought of the cocaine, and immediately applied a drop to the ulcerated toe and waited a few moments, and proceeded with the examination, and presently she bore it very nicely and I commenced using the knife to trim and cut a crease in the nail right through from the root to the margin, and also trim away the part which was causing the pain and ulceration. After scraping the nail well with a sharp-pointed knife, trying to get down to where it was tender I soon succeeded, and then by using the cocaine in the sulcus, I very soon produced some effect there, and the result was I could cut away, while she looked at the work and made no complaint, but rather liked the operation. I think I could have cut away the whole nail. Continuing the application of the cocaine I succeeded in making a furrow through the nail, and, then lifting the point of the nail on either side, I left it very comfortable.

Regular Meeting, May 4, 1885.

J. G. Johnson, M. D., chairman pro-tempore.

Dr. Chaney: By the kindness of Dr. Jones, of Leesville, I was permitted to make a post-mortem on a gentleman, about 51 years of age, who had been suffering from symptoms of a cancer of the stomach. I have not a full history of the case. He was suffering from vomiting, got progressively worse until he died yesterday. He was greatly emaciated. The pyloric portion is almost taken up with this lump. It involved the whole stomach to the right of the œsophageal opening. I would say, further, that the mesenteric glands were full of cheese-like granules. I have made an incision into the scirrhus, as you will observe.

Dr. Chittick read a paper on "Boro-Glyceride." (See page 223).

Dr. Campau: I would like to ask as regards surgical dressing with this drug, whether it is used in a liquid form, or in preparations of lint?

Dr. Chittick: A solution in water can be made, and cotton treated with that and dried. The best way to use it is to apply it to the surface and cover it with absorbent cotton.

Dr. Sprague: I have used boro-glycide for about three years. I have found it the best remedy I have used for pruritus vulvæ. I have had several cases in which every other remedy had failed, but with this I obtained good results. I have also found it of marked benefit for eczema and in many cases of chapped hands and lips, where it acts nicely.

Dr. Sprague then read a paper on "Baths in Therapeutics." (See page 217).

Dr. Longyear: I saw a case day-before-yesterday that may be of some interest. It was a child nine months old. The history is as follows: When it was 12 weeks old, the mother noticed a small tumor about the middle of the shoulder blade, about the size of a chestnut. And this grew until it was about the size of a pullet's egg. It was rather soft and seemed to contain fluid. It seemed to me like a lipoma, yet it was a little too soft for that, and listening I could hear nothing to make me think it was aneurismal. I thought I would puncture it with a hypodermic syringe. I did so, and as I

withdrew the piston it immediately filled with blood. This led me to make a diagnosis of nævoid lipoma. I never saw such a case. The skin was entirely free from the vessels. You could grasp the skin and raise it easily.

DR. JOHNSON: I assisted the late DR. FARRAND a few years ago in operating on a similar case, by electrolysis, the tumor being on the back of the neck. No blood-vessels were visible on the skin; it was entirely subcutaneous.

DR. CARRIER: In a recent number of the American Journal of Obstetrics, was an article, by DR. HARRIS, on Mastitis. Up to last January, I had never seen but two cases of mastitis. Never had any trouble with breasts of women at all. Since then I have had several of them. It seems to have been rather endemic. This article of DR. HARRIS most of you have probably read. He simply takes a roll of bandage twenty or twenty-five feet long, and bandages one or both breasts. The child is taken away from the breast. The first case I treated in this way gave me much trouble. I put the roller on and the lady complained somewhat; I took the bandage off, and applied instead a rubber bandage, and my experience has been so satisfactory that I thought I would report it. I have used it now in five cases. In two of these cases the mastitis went on to suppuration before I had a chance to put the bandage on. In one case I was called in ten days after the woman's confinement and found a nodule in one breast, and was told the nurse had been rubbing it for thirty-six hours, and had allowed the baby to nurse right along. I told the nurse to take the baby from the breast, and have the bandage put on. But the nurse knew more than I did, and she continued to let the babe nurse; but I re-applied the bandage. The inflammation went on to suppuration, and within four days after I opened it it all filled up. In another case in which I had been called in two weeks after confinement I found the nurse had been rubbing the breast. She said she had always been taught to rub the breast. For some time I have known that rubbing of the breast did not do any good. I never could see what benefit could be derived from rubbing, and my experience of late has shown me that it is not beneficial, and this corroborates DR. HARRIS' statement that many cases of mastitis come from fissured nipples. A case came into my office two weeks ago. The woman's child was nine months' old. She had fissured nipple and a commencing mastitis. I stopped the child's nursing and put on the rubber bandage. Continued three days. The lump disappeared.

The rubber bandage makes a very nice application, and it is so even that it supports the breast all around. But you cannot get the ordinary roller bandage on so perfectly with any method of strapping that I am acquainted with. I applied the bandage in the same way that the roller is applied by DR. HARRIS. Cotton can be put on over the shoulder to keep it from irritating, or over the breast. The bandage is twenty yards long.

DR. LONGYEAR: I have been accustomed for two or three years to use pressure, and I do it with many-tailed bandages.

The following gentlemen were elected to active membership: DONALD MACLEAN, J. J. MULHERON, W. C. WEAN.

Correspondence.

JABORANDI IN CONGESTION OF THE RESPIRATORY MUCOUS MEMBRANE.

During February and March we had here a regular epidemic of what I called a catarrhal fever.

A short history of one case would be of all:

Sunday p. m. I was called to see a girl eight years of age, found her with high fever, rapid pulse and respiration, harsh cough, throat a little sore, and crying with pain in her left side. There was evident congestion of the mucous membrane, extending from the mouth into the lungs.

Monday.—No improvement except less pain, probably the effect of DOVER'S powder. Tuesday, the same; Wednesday, worse. I now added to tincture of aconite, which she was taking in one-drop doses, five drops of the fluid extract of jaborandi, and gave it every four hours.

Thursday afternoon, the fever was gone, cough very much less, no pain and recovery rapid.

There is no doubt that most, or all the cases would have recovered under any other treatment, but the cases previously attended had not recovered that way, and I resolved to give the new remedy further trial. Though an old physician, the result surprised me. With a single exception, they were free from fever in 24 hours, and required but little more.

The exception, while it shows the effects, proves that these cases when unaided, did not recover so rapidly:

A girl, three years old, had been sick about three weeks. From her parents I learned that she was taken just like the others, but at the time of my visit there was well-marked bronchitis. Gave the aconite and jaborandi and the second day the fever had disappeared, but a troublesome cough remained for many days.

I shall give jaborandi further trial, believing it will be found useful in all inflammatory diseases of the mucous membranes. I have used it for years, and ought to have known from its action on the skin and glands generally, that it

might have the same effect on the mucous membrane.

Perhaps other physicians found this action of it out long ago, but if so, I had not seen any notice to that effect.

J. A. HUBBARD, M. D.

EAST DUBUQUE, ILL.

HEAD-LAST LABORS.

In answer to DR. D. W. FLORA'S request in No. 9 of the present volume of the MEDICAL AGE, I would say that in my obstetric record during the last two years, I find that one out of every fifteen cases of obstetrics was a so-called "head-last labor." All of my cases, but one, have terminated favorably. The fatal case was one in which the child lay transversely in utero, with the right hand presenting. In this case podalic version was performed under chloroform. I reported a successful footling delivery in the Detroit Clinic, vol. 1, page 317, to which I would call DR. FLORA'S attention. As soon as the feet, breech, or other presenting parts are about to be delivered, I order from ʒ ss to ʒ i ergotæ to be given to the patient, and then, if the delivery be "head-last," on the birth of the body, I immediately take it in my right hand and carry it well up toward the abdomen of the mother, thus delivering the occiput first. I have never found a detached placenta in these cases; always deliver the placenta by CREDE'S method. Under the plan of treatment as above related, I have lost but one case of "head-last labor."

J. A. WESSINGER, M. D.

HOWELL, Mich.

COCAINE IN OPENING BUBO.

G. L., æt. 35, had syphilitic bubo leaving extensive sinuses which ran in different directions down the thigh. Time gave no indication of their closing, and I concluded to open them. The party did not bear chloroform and it was decided to give cocaine a trial. A 4-per-cent. solution was injected into the fistulous canals and held there about five minutes. The effect was elegant. Where pain was excessive from exploring with a slender probe before using the cocaine, after using I passed a grooved director without sensation, and the knife caused the smallest possible amount of pain—"less than a pin scratch," to use the words of my patient. I opened up between eleven and twelve inches of fistulous canals.

H. J. M.

[We were consulted by a young man for the removal of a large wen on his forehead. A hypodermic injection of fifteen drops of a four-per-cent. solution of muriate of cocaine over the tumor so obtunded sensibility as to make the removal absolutely painless, the patient declaring that it felt as if we were "cutting into a potato."

ED. MED. AGE.]

DAMIANA AND THE MORMON ELDERS.

I notice that in your issue of April 10th, you copy an article from the Keystone Medical Journal, by F. A. EVANS, M. D., on the use of damiana, in which he accredits the Mormon elders with using the drug extensively to keep up "their wasted energies." I simply wish to state, in behalf of a much-abused people, that I have practiced medicine among them for three or four years, extensively, and have never had one single case of impotence. Have only had one case of syphilis and one of gonorrhœa, and they occurred in "black sheep." Have known the benefits and uses of damiana, and I, with many other physicians, can testify that the Mormon elders do not use the drug as our worthy brother gives them credit for doing. The object they have in marrying more than one woman is to rear a stronger progeny. When a woman becomes pregnant, they *let her alone* and cohabit with another. I say *fair play*—"Give the devil his due.." The Mormons are often misrepresented.

W. B. PARKINSON, M. D.

COALVILLE, UTAH.

ASTHMA.

Referring to the article in the last AGE, by C. S. BOZELLE, M. D., I would say that for three years past a similar formula has been my main reliance in that dread disease. It is most useful in those cases in which the secretion is scanty. It is also an excellent prescription for the second stage of bronchial catarrh, but it will often aggravate a bronchitis in the first stage, or during its congestive stage. I use

℞ Potassii iodidi, ʒ ij.
Fl. ext. grindeliæ robustæ, ℥ j.
Syrup. tolu. ℥ iij.

M. Sig.—One teaspoonful every three to six hours, as may be required.

The small doses in the above are effectual.

C. H. MCKAIN, M. D.

VICKSBURG, Mich.

The Medical Age.

A SEMI-MONTHLY REVIEW OF MEDICINE.

JOHN J. MULHERON, M. D., Editor.

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Editorial.

THE INSANITY DODGE IN CRIMINALS.

The niceties of science while they have contributed much to the sum of human happiness, have not been without their material evils. Few of the industries of men fail to furnish illustrations of this proposition, but we need not go outside of the profession of medicine to find abundant evidence in its support. One of these evils which occurs to us now, is the abuse which exists in connection with medical testimony bearing on the question of a criminal's mental condition. Psychological medicine, as it exists to-day, is of comparatively recent growth, and it is as yet the most inexact and unstable of the various divisions of medicine. Lawyers are, therefore, able to twist it into almost any shape necessary to subserve the interests of their clients. As a consequence the plaintiff and the defendant, the people and the criminal, are always prepared to array against each other very positive and very contradictory testimony, and all to the detriment of the cause of justice.

The occurrence of so many grave crimes gives so many occasions for conflict between so-called insanity experts (for, be it remembered, almost any general practitioner feels himself competent to give positive opinion in these matters) as to raise a serious question as to the value of expert testimony in determining the culprit's responsibility for his acts. The tendency of psychological medicine is in the direction of establishing the theory that man is an automaton which acts as it is impelled to do by its organization. If, then, a person is so constituted, organically, that the working of the automaton results in his taking the life of a fellow-being, should be punished for the act? If we concede the premises the deduction is inevitable. It is clearly apparent that the interests of society forbid the acceptance of this theory, how consonant soever it may be with scientific facts as they are at present understood.

Mental disease is, unquestionably, very mysterious in its manifestations, and no one will be found to deny that a weakened mental condition and an inherent lowness of the standard of morality, leave the individual an easier prey to passion and criminal desire, but should the fact that he thus becomes a prey be construed as evidence of mental unsoundness? With the interests of society (which are paramount to speculative scientific deductions) in view, this question must be answered in the negative, and extreme wickedness and reckless depravity must not be held as evidence of such mental unsoundness as relieves the unfortunate individual from responsibility for his acts. Any other view favors the gross abuse of the plea of insanity.

We have on previous occasions insisted that the general practitioner has no special qualifications for an opinion in such cases of alleged insanity as present no physical evidences of its existence. The question of insanity in such cases must be answered from data which the general practitioner has neither been trained to collect nor to interpret. The study of mental disease is a study of symptoms, "of vital rather than physical phenomena, and requires on the part of the medical man, a disciplined and educated mind, in order that, avoiding metaphysical sophistry, he may determine on a condition of mental health in a particular individual." We have excellent authority for the statement that the medical man, *per se*, is not qualified for such a task, and his assumption of it is the prime cause of the abuse which has developed in connection with the plea of insanity in defense of criminals. A knowledge of mental disease involves a knowledge of special symptoms, *sui generis*, equally evidenced through the moral as through the intellectual faculties, and involves for their estimate a profound acquaintance with the laws of physical as well as of mental sympathies, only to be acquired by special, careful and prolonged study. It has well been said that "great powers of reason are requisite to understand men destitute of reason." The various phases of mental disorder— the "mania instinctive sans délire," of Pinel; the "reasoning madness," of Esquirol; the "impulsive insanity," of Marc; the "motiveless madness," of Wigan, are all recognized forms of disease with which psychopathists are familiar as consisting with relative physical health. The subject is thus one which it were well for the general practitioner to leave absolutely alone. To do so would not only not detract from the reputation at which he legitimately aims, but would also at the same time save his profession much of the contempt in which it is held by the legal fraternity, particularly, without interfering with the course of justice.

THE EXPECTANT TREATMENT OF FRACTURE OF THE NECK OF THE FEMUR.

Dr. HAL C. WYMAN, Surgeon to the West-End Dispensary, Detroit, calls attention, in the Medical Record, of the 9th inst., to what he considers a great abuse of the surgeon's privilege, in the treatment of fractures and injuries of the neck of the femur, especially in old persons. He regards the manipulation resorted to in such cases to determine the presence or absence of crepitus, as cruel and fraught with injury. It is the usual practice in the case of injuries in the region of the hip, to flex the thigh on the abdomen, to rotate the limb and and to do all other conceivable things in the effort to diagnose the precise nature of the difficulty. If crepitus is discovered, the patient has fracture of the neck, but on this distinctive symptom's failure to show up, he has intracapsular fracture, if the other diagnostic signs can be discovered. DR. WYMAN asks what good can come to the patient from the determination of a distinction of that kind? "You may say," he continues, "that it makes a great difference in the treatment. So far as treatment based on that distinction is concerned, diagnosis is immaterial. You do best with these cases of suspected fracture when you use no restraining apparatus. Is it strange that the old lady (in the case reported) should turn out to have an ununited fracture or absorption of the head of the femur after the manipulation her injury was subjected to, then with weeks of confinement in apparatus to restrain the movements of the joint, to have the bed sores, and broken general health? No harm can come to a patient from an examination which consists in a careful interpretation of the impaired mobility and abnormal position of the limb, the length, flexion, extension, abduction, adduction, inversion, eversion, relatively of the injured member to its sound fellow. But beyond this the respecter of good surgery will not go. Take almost any case of ununited fracture of the femoral neck, and inquiry will show that the patient submitted to a deal of manipulation for purposes of diagnosis and adjustment of apparatus, at or about the time the injury was received. Any case of injury to the same part which has resulted in good union and useful limb, was treated on the let-alone principle, *i. e.*, making the patient as comfortable as possible with the limb in the position where the automatic action of the muscles of the thigh and hip places it. My own experience embraces not a few of these injuries, and I can say that I have found cases of suspected and known fracture of the femoral neck to do best when the patient was kept in the sitting posture, the tuberosities of the ischia resting on a hard seat, the feet side by side, and the legs bound loosely together. A hard seat is essential, for a soft cushion permits the tuberosities to sink so that the weight of the trunk and upper extremities is carried on the soft parts of the gluteal region, comprising the sciatic nerves and giving rise to severe pain. Non-union is not a common result of fracture of the surgical or anatomical neck of the femur, no matter what age the patient may be, when this plan of treatment is followed."

BOILS.

A Kansas paper gives the following graphic description of a boil. The pathology may not be strictly in accordance with the latest views, but this fact does not detract from the readableness of the article:

A boil is generally very small at first, and a fellow hardly notices it, but in a few days it gets to be the biggest of the two, and the chap that has it is of very little account in comparison with his boil, which then "has him." Boils appear mysteriously upon various portions of the human body, coming when and where "they darn please," and often in very inconvenient places. Sometimes a solitary boil is the sum total of the affliction, but frequently there is a "rubbish-in lot of 'em" to help the first one. If a boil comes anywhere on a person, that person always wishes that it had come somewhere else, although it would puzzle him to say just where.

Some persons call them "Damboils," but such persons are addicted to profanity—the proper name is boil. If a chap has a boil he generally gets a good deal of sympathy from others—"in a horn." Whoever asks him what ails him laughs at him for his pains to answer, while many unfeeling persons make game of him, or of his misfortune, or boil. It is very wicked to make sport of persons with boils; they cannot help it, and often feel very bad about it. Physicians don't give boil patients much satisfaction as a general thing, although young physicians who are just beginning to practice are fond of trying their lancets on them. Boils are said to be "healthy," and judging from the way they take hold and hang on, and ache, and grow, and burn, and raise Cain generally, there is no doubt they are healthy and have good constitutions. They are generally very lively and playful at night, and it is very funny to see a chap with a good large one prospecting around his couch for a place where his boil will fit in "without hurting it." Boils tend to "purify the blood," strengthen the system, calm the nerves, restrain profanity, tranquilize the spirit, improve the temper and beautify the appearance.

They are good things for married men who spend their evenings away from home, as they give them an opportunity to rest their night keys, and get acquainted with their families.

It is said that boils save the patient a fit of sickness, but if the sickness is not best to have it must be an all-fired mean thing. It is also said that a person is better after he has them, and there is no doubt that one feels much better after having got rid of them. Many distinguished persons have enjoyed these harbingers of health. JOB took the premium at the county fair, for having more achers under cultivation than any other person. SHAKSPEARE had them, and meant boils when he said: "One woe doth tread upon another's heels, so fast they follow."

There are a great many remedies for boils, most of which are well worth trying, because, if they don't do any good they don't hurt the boil. Every man he meets will tell him of a "good thing" for it, among which are—shoemaker's wax, Mrs. WINSLOW'S syrup, trix, SPAULDING'S glue, Charlotte russe, gum drops, water-proof blacking, night-blooming cereus, chloroform, kissengen, etc.

COCAINE FRAUDS.

We are not surprised, when we consider the tricks which are resorted to by the unscrupulous to acquire wealth in an easier way than through honest merit, to learn that frauds in cocaine have already made their appearance on the market. Imitation is the penalty of greatness, and it would have been strange, indeed, had a drug with such a reputation, and so inherently costly of production, escaped sophistication. But the guilty manufacturers have in the present instance gone to such extremes in their nefarious work as to quite out-Herod Herod. DR. A. B. LYONS, of this city, who is a terror to evil-doers of this class of frauds, has communicated to the Weekly Drug News a very racy statement of what appears to be a suppositious case of flagrant sophistication in the matter of cocaine. His article, however, closes with the declaration that the writer is neither a fool nor a lunatic, who has drawn on his imagination for his facts, but that he has simply narrated an actual occurrence. Divested of the language which gives it apparent indirection, the article is an unvarnished tale of a manufacturer who has placed on the market carbonate of sodium labeled cocaine muriate, and to gain for it the confidence of the profession, accompanies it with the statement that it is the manufacture of a chemist direct from the laboratory of E. MERCK, the noted German chemist and manufacturer of alkaloids. This statement is, moreover, further fortified by certificates to the excellence of this particular brand, from distinguished professors of ophthalmology in Michigan. Do we mean to say that these gentlemen have certified that carbonate of sodium has produced in their hands the physiological effects of cocaine muriate? Nay, verily. Then explain. Well, these gentlemen were, of course, furnished by this manufacturer with a genuine article, procured of a reputable maker, which, of course, acted in every particular as cocaine muriate should, and these certificates have been made use of to float the swindle. A more bare-faced piece of fraud was never perpetrated, and it will behoove the physician who finds his sample of "cocaine muriate" inert, to add to it a little acid and watch for effervescence. He will then, at least, make a note of the fact for future reference, in the event of the maker's soliciting his attention to other products of his laboratory. It would be difficult, under the laws of our freedom-loving State, for him to secure any more satisfactory redress. In this connection we wonder how many more difficulties it will be necessary for our Michigan professors to get into, before they become convinced of the unwisdom of giving their certificates to manufacturers.

THE NEW INTERPRETATION OF THE CODE.

The report of the committee at the late meeting of the American Medical Association, interpreting certain clauses of the Code of Ethics, which have been differently understood, has, doubtless, been read with a considerable degree of interest by the profession. We believe, moreover, that it has been received with general favor. It relieves the code from the charge of intolerance which the interpretation given it by many justified. While it, very properly, in our estimation, tolerates no affiliation with those who "assume a name indicating to the public a sectarian and exclusive system," it places no restriction on the practitioner's views touching the method of administering his drugs, nor prescribes any particular theory according to which he shall prescribe in a given case. If the physician choose to prescribe according to an opinion that his medicine acts by substituting an artificial condition in his patient, which renders him insusceptible to the action of the *materies morbi*, the official declaration of the American Medical Association now not only permits him to do so, but forbids his ostracism from the profession for so doing. This declaration is in the line of a growing spirit of liberality, and will do much toward removing a prejudice against regular medicine in the minds of the public. We have, for instance, in our city, a number of estimable practitioners, who, through no specific act or declaration of their own, or announcement on their signs or cards, are held to be homœopaths, and who, so far as their practice goes, are, perhaps, properly so classed. While they, however, prescribe largely according to the

homœopathic theory, so-called, they are not bound hand and foot by any dogma, but, in selected cases, prescribe according to the views of the action of drugs prevalent in regular medicine, so-called. To have met one of these gentlemen in consultation would have been to have compromised the standing of the "regular" consultant, while for him to have asked one of them to be his consultant would have been to place him quite beyond the pale of professional recognition. We doubt not that a number of physicians who are satisfied of the ability of these gentlemen, and would have asked their assistance, have felt the hardship and injustice of this result of the conception of the provisions of the code referring to them. It will be interesting to see what action the local society to which one of these gentlemen may now send his application, will take in reference to it. Will the official interpretation be regarded as a sufficient excuse for his admission?

HÆMORRHOIDS.

DR. T. W. POOLE gives vent as follows in the Canadian Practitioner:

The Piles! Aha! I knew them well, Each feature, though I may not see 'em; Old foes, which fume, and fret, and swell, And vex and plague my perineum. You blush at mention of a "pile," and would, perhaps, the theme avoid; Well, then, suppose, to put on style, We call the thing a hæmorrhoid. Though bearing an ill-omened name, It seemed as if they might not pain us, When first, as visitors, they came, And took up lodgings in the anus. But now, at at each succeeding bout, The pelvic pains appear distincter, And there can be no longer doubt, Of their relations with the sphincter. You ask me, by what obvious signs, One may with certainty detect 'em. Well, I can only say that mine Are like a hornet in the rectum, Which, having wandered from the way, And angry at the situation, Stings right and left while yet it may, And tortures one in defecation. "Avaunt! it is a vulgar rhyme." Yet stay, there must be means to cure 'em: Oh, yes, if you but give them time, And meantime patiently endure 'em, There are a thousand cures, you know, All certain sure, as dead shot candy; 'Tis well to buy a score or so, And lay them by to have them handy. And when the hornet's rage is spent, And things assume their wonted quiet, The cure,—though it may not prevent, Will quickly quell the painful riot.

The Medical Record reproduces from Revue Medicale, the following suggestions by PROFESSOR VERNEUIL touching the "cure" of this trouble:

Cold local applications and mild laxatives in the treatment of slight cases. For the more severe cases he employs forced dilatation. Hæmorrhoids are caused, he says, by a strangulation of the superior mesenteric veins which traverse the muscular wall of the rectum. This strangulation gives rise to the formation of the venous tumors, precisely as varicose veins are occasioned by constriction from the ring of the soleus muscle. If now the muscular tracture be overcome, the venous circulation is restored and the hæmorrhoidal tumors disappear. In ordor to insure success the dilatation should not be attempted with the fingers, but should be accomplished by means of a speculum. By means of this instrumental dilatation the author asserts that hæmorrhoids may be radically cured within a week without the use of the knife.

Notes.

The Medical and Surgical Reporter refers with much satisfaction to the fact that KEASBEY & MATTISON, of Philadelphia, have been estopped by the Circuit Court of the United States from the manufacture of crystallized pepsin, on account of DR. CARL L. JENSEN'S having a patent on the method of making this preparation. "Not only is this law," says our contemporary, "but it is justice as well." It argues that this doctor should reap the returns of his toil and knowledge represented in his patent. Such language, coming from one who is a stickler for the Code of Ethics, and the implacable foe of those who would see a case with a homœopath, is surprising, to say the least. How is it that our brother has thus turned his back so squarely on the Code? In the same number in which he thus sanctions the infraction of the provisions of this instrument in the matter of patents, he says: "GENERAL GRANT'S physicians have been disgustingly open-mouthed" in giving, at his family's special request, the particulars of the hero's case to the millions of his fellow-citizens who clamor for the latest intelligence from the sick-room of him to whom they are so much attached. He says it is "in bad professional taste for them to do so, and indicative of a low order of ethics." Truly doth our brother strain at a gnat and swallow a camel.

The North American Review concludes its seventieth year with its June number. It never had so large a circulation, nor greater influence, nor a more brilliant staff of contributors. This number discusses seven topics of vital public interest by no less than 14 eminent writers, not including the short contributions in "Comments." "Shall Silver be Demonetized?" is answered, pro and con, by three distinguished economists, SUMNER, LAUGHLIN and WALKER, representing Yale and Harvard Colleges, and the Massachusetts Institute of

Technology. "The Tardiness of Justice" is discussed by Judge W. L. LEARNED, and "Prohibition in Politics" by GAIL HAMILTON; "The Swearing Habit" by E. P. WHIPPLE, and "French Spoliation Claims" by EDWARD EVERETT. The policy of the Roman Catholic hierarchy toward our Public Schools is assailed in a learned essay by a new polemic, Mr. M. C. O'Byrne, of North Carolina, and defended by Bishop KEANE, of Virginia, with equal erudition. It is a most interesting double presentation of an impending issue. "How Shall Women Dress?" is answered by CHARLES DUDLEY WARNER, ELIZABETH STUART PHELPS, Dr. W. A. HAMMOND, Dr. KATE J. JACKSON, and Mrs. E. M. KING, the English leader of the dress reform movement.

The Medical Record argues that the resolution under which the committee was appointed by the American Medical Association last year, to invite the International Medical Congress to hold its next triennial session in Washington, in 1887, vested that committee with plenary power, and that it is, therefore, not competent for the Association to review the work of the committee. The resolution states that "the committee shall elect its own officers, and that, in case the invitation is accepted, it shall proceed to act as an executive committee, with full power to fix the time and to make all necessary and special arrangements for the meeting of such Congress and to solicit funds for this purpose. That it shall have power to add to its membership, and to perfect its own organization." Will the committee thus appointed brook the interference of the Association? If it does, in the interests of the Congress, it will behoove the members appointed at the late meeting of the Association not to disturb the organization of the committee.

An Iowa reader sends us a copy of a circular on The East India Recipe, with which the section of the state in which he lives has been flooded, and asks us to expose the fraud. *Cui bono?* It is of a piece with the literature which is regularly inflicted on the public, whom we cannot reach through our columns, and it would be a reflection on the intelligence of our readers to suspect for a moment that they could be deceived thereby. The East India Recipe is one of the nostrums whose name is legion, which are "sure cures" for consumption, and has its alleged origin in the brain-pan of the proverbial missionary, who in his declining years has resolved to give humanity the benefit of his secret (for a small pecuniary consideration). The gullible public will go on buying this sort of stuff till the end, or until that remote sweet bye and bye—the millenium—when intelligence shall cover the land as a flood.

Texas is an inviting field for doctors. A writer in the Medical Record says there ain't no board of health there, and nobody asks no questions; the only thing, office rent is high, and has to be paid up in advance, as everything else. The doctors are inclined to be offish and unsociable like, but the people is friendly enough. It is because they don't want nobody to come in competition. You can come right along, continues this friendly brother, without being afeared of any examining board or license.

DR. HENRY F. LYSTER, of this city, gave a reception on the evening of the 13th inst., in honor of DR. WILLIAM BRODIE, the President-elect of the American Medical Association. The event was a marked success in every particular, and DR. BRODIE was deeply impressed with the cordiality of the congratulations of his local brethren. The fact that his election to the highest office in the gift of the profession meets the hearty approval of those who know him best, makes the honor doubly great. May he long be spared to go in and out among us.

Our thanks are due MESSRS. PARKE, DAVIS & CO., for an excellent portrait of M. LOUIS PASTEUR, received with their compliments. The name of this illustrious savant is ineffaceably written in the history of the origin and rise of the germ theory, in its application to practical medicine, and the portrait, while being in itself such a work of art as would embellish the walls of any office or study, is particularly adapted to a physician's.

The preliminary programme of the 20th annual session of the Michigan State Medical Society, which will begin at Port Huron, June 10th, has been received. It presents an exceedingly attractive list of papers. We regret that the lateness of its receipt has prevented its publication in our present issue; it must suffice to say that if we are to judge from it, the coming meeting will be one of the most successful in the history of the society.

DR. R. C. HUTTON desires the correction of a couple of lapses of the pen which appear in his article on Osteomalacia, in the last issue of the AGE. For "bucking the softened bones of the pelvis inward and upward," he would have "*bunching* the softened bones, etc.;" and instead of the post mortem being "strikingly" in the interest of science, he had intended to say it was "specially" so.

The Canadian Practitioner tells of one SNIFFSON whose faith in woman has been badly shattered. He loved his wife and didn't think any thing was too good for her, but all this did not suffice to keep her from treating him shamefully. She went and had twins! Twins in these hard times! A baser piece of ingratitude is inconceivable.

Medical Progress.

THE INFLUENCE OF SEA-VOYAGING UPON THE GENITAL FUNCTIONS IN WOMEN.—DR. J. A. IRWIN read a paper on this subject, before the Medical Society of the County of New York, based principally upon observation during several years that he had acted as a ship-surgeon. It had long been observed that serious disturbances of these functions were liable to occur during a voyage, and the fact that travel between European and American ports was becoming so common rendered the subject an important one for study. But, notwithstanding its importance, but little had been written upon it, and for that reason it was the more difficult for any one observer to reach practical conclusions. During his service at sea not fewer than 15,000 persons had come under his care as physician. Among this number of passengers there were 104 pregnancies, 11 parturitions, three miscarriages, and 451 menstruations or missed periods in women among whom the function was usually normal, and in whom he had the opportunity to contrast the condition with that on land.

First the author considered the effect of a sea-voyage upon menstruation. Of the 451 observations upon the menstrual periods of women while at sea, 288 were made under his instructions by the stewardess, and, being replies received to formal questions, he thought they could be relied upon as being accurate. All of the 288 women were supposed not to be pregnant; menstruation was normal previous to the voyage in all; 21 of them passed the period while on board without menstruating; 43 menstruated before the period; 224 menstruated at the proper period; 23 complained of unusual pain, and in a few instances there was increased or diminished flow, while 201 of the women noticed absolutely nothing which could be attributed to the voyage. Of DR. IRWIN'S own 163 observations among women of a higher social standing, 13 passed the period on board without menstruating, of whom 11 experienced more or less molimen; 51 menstruated before the period, and 99 at the period. Of these, 47 complained of unusual discomfort, accompanied in 37 cases with increased and prolonged flow, and in two with diminished discharge. Of the 13 who passed the period, three were still on board at the following period; one of the three then menstruated almost normally, in one the result was not known, and in the other the flow was increased in quantity and prolonged in duration. But she subsequently experienced complete amenorrhœa during two periods.

From these figures it would be seen that disturbance of the menstrual function at sea was of frequent occurrence. As to the explanation, it offered a question difficult to solve, and the more so because of the indefinite and conflicting views entertained regarding the real nature of the menstrual function. Whatever might be the view held regarding the nature of menstruation, DR. IRWIN thought it was evident there was during a sea-voyage a tendency to increase pelvic congestion, which would offer an explanation for the phenomena usually observed regarding the menstrual function. As to the special condition in an ocean voyage which might be supposed to exercise an influence upon the female habit, they might be classed under three heads; namely, psychical influences, dependent upon the novelty of the situation and the apprehension of danger; second, aërial, consisting in some special quality of sea-atmosphere; and, third, motional, as a direct result of the movement of the vessel.

There could be no question that strong emotional impressions had some influence upon the menstrual function, but this influence was less marked than some believed in the class of cases under consideration. That psychical influences did play some part in the disturbances of menstruation was quite probable in cases of sudden arrest of the flow in women who embarked during a period. But many women who suffered most severely during the sea-voyage had not the slightest fear, and would thoroughly enjoy sea-life but for its unpleasant effects in this direction.

The frequent dysmenorrhœa and the usual intensification of the symptoms of local pelvic disease, were results which we should expect *a priori* from over-congestion of the pelvic organs. It would be seen that a sea-voyage might disturb the menstrual habit in every conceivable form—in its periodicity, duration, amount, and discomfort. The particular effect most likely to occur would be determined by the constitutional habits of the individual, the relation of the last flow to the date of embarkation, the length of the voyage, and fortuitous conditions. With regard to periodicity, the most constant change was a premature return of the flow, and this return might take place at any time during the inter-menstrual epoch. If a woman went on a voyage shortly after the cessation of the flow, there would be liability to a renewal of the discharge or of the peculiar symptoms attending a period, and it might lead to suppressed menstruation at the next time it should come on. Complete and passive amenorrhœa for one or more periods was a frequent after-result of the transatlantic voyage.

Of the effects of a sea-voyage upon menstruation, none was more constant or unfortunate than an aggravation of whatever discomfort was ordinarily associated with that process. In some women painful menstruation was experienced for the first time at sea, and it might be accepted as almost universally true that in every type of dysmenorrhœa the discomfort was increased, certainly at the first, and usually at subsequent periods at sea. If there were any exceptions to this rule, they would be found in certain neurotic states. DR. IRWIN then offered some possible explanations of the aggravation of dysmenorrhœa during a voyage, reasoning from the theoretical explanations which had been offered regarding the menstrual process. Puberty was sometimes hastened by a voyage at sea, and the flow sometimes recurred after the climacteric period. The aphrodisiac influence of a sea-voyage was generally recognized, and would be expected to occur under conditions which increase the pelvic blood supply.

An ocean voyage should be regarded as a potent emmenagogue, having, in addition to the special quality, a well-marked tonic, alterative and sedative influence. But it should no longer be prescribed empirically, but with a definite object in view. There were many

cases in which its local as well as its constitutional influence would be indicated. For instance, in certain conditions of chloro-anæmia, amenorrhœa with pain, and retarded sexual maturity, certain forms of leucorrhœa and uterine hysteria, and lack of development in schoolgirls, a typical case of which had been described by Dr. EMMET. It would, of course, be understood that upon the large majority of women who crossed the ocean the sea influence was too slight and too transient to be considered of serious import. There were, however, many conditions of the uterine organs which, if not positively interdicting a sea-voyage, did demand special prophylaxis and skillful attention on board. DR. IRWIN was inclined to think that almost every form of uterine and ovarian disease became worse while at sea, and he did not think that the possible reactionary beneficial results would justifiy one in sending such women to sea. Uterine displacements were especially liable to give trouble. The treatment of uterine troubles during ocean transit should be conducted upon general principles.

The influence of sea-voyaging upon gestation was a subject of the greatest importance. The influence of seasickness and the mechanical disturbance of the viscera, and especially of prolonged and violent vomiting, was to cause premature labor and miscarriage. The vomiting of kinetia was not to be compared with that of morning sickness in its effects upon pregnancy; it was more violent and liable to cause miscarriage. It was the author's opinion that pregnancy, especially during the latter months, predisposed to and aggravated the most distressing features of seasickness.—*New York Medical Journal*, May 9, 1885.

TREATMENT OF CHRONIC ULCERS OF THE LEG.—Every physician and surgeon has his perplexities in the practice of his profession. I have had many perplexities, but the management of old chronic ulcers, so frequently seen by the surgeon, has been to me one of the most difficult undertakings, until the last five years. Since that time I have adopted a course of treatment quite different from any laid down in our textbooks. The plan adopted by me is that of sponge-grafting. The treatment is not original. I saw it mentioned in some medical journal about five years ago. Having had a case of sponge-grafting of a little different nature, it occurred to me that sponge grafting for the cure of ulcers, and especially of the leg, would be worthy of a trial. About ten years ago I was called to see a young man, (a carpenter by trade,) who had driven a two-inch chisel into the inner side of his knee, cutting the anastomotica magna artery. The hæmorrhage was very great. Dr. A. A. SHOBE, of Jerseyville, Ill., was called at the same time. Upon consultation we agreed to ligate the artery, but upon search for proper instruments for that purpose, we found we did not have them at our immediate command. The bleeding continuing profuse, I tore off a small piece of sponge, and grasping it in a pair of dressing forceps, dipped the sponge into a strong solution of tannic acid and crowded it into the cut. The bleeding stopped. I simply but on a common roller bandage, elevated the limb, and left the patient with instructions to keep quiet. I saw him every day for four days, and everything being all right, I did not remove the sponge.

DR. SHOBE, on the sixth day, insisted on the removal of the sponge. I made the effort at removal, but could only pinch off small pieces with the forceps, and in the pieces extracted I could plainly see the cause of the sponge adhering so firmly—the granulations had sprung up and insinuated themselves into the interstices of the sponge, and, having locked themselves fast into the sponge, when I would pull off a piece, I would break off the granulations and cause bleeding. I saw the best thing to be done was to let it alone. My patient was out in about fourteen days on crutches, and in about six weeks was entirely well. The sponge never was removed, only by absorption.

Now I will describe my treatment for ulcers. The size of the ulcer makes no difference. I first cleanse the ulcer with castile soap suds, then dry it off, and, having previously prepared my sponge, I place it on the ulcer. The next thing to be done is to place over the sponge a piece of lead-foil sufficiently large to cover the sponge; then, over that a rubber bandage to hold the sponge and foil down in such a manner as to make equal pressure, but not so tight at the same time as to interfere with the circulation. The bandage and lead foil must be removed twice a day, for the purpose of dressing the ulcer, being very careful not to lift the sponge out of the ulcer. I generally use for washing and disinfecting the ulcer and sponge the following: Equal parts of distilled water, glycerin and listerine, or the following: Aquæ dest., glycerini, ää ʒ ij; acidi carbolici, 95 per cent., ʒ ij. M. I use either of these by means of a small syringe. After dressing the sponge and ulcer in this way, I replace the foil and bandage as before. In a very few days you find the sponge will not fall off so very easily, for the granulations having sprung up and locked themselves into the interstices of the sponge, hold the sponge fast; at the same time absorption of the sponge is going on. So by the time the ulcer is healed the sponge is agsorbed. This gives the doctor no trouble, and the patient can attend to it himself. Rest, at the same time is a very great desideratum, though I have cured many cases where the patient continued to follow his daily avocation. The preparation of the sponge is of great importance. I select a very fine sponge (a surgeon's sponge), wash it clean in distilled water, then immerse it in nitric acid, c. p., for the purpose of cleansing it of all lime or other earthy matter that may be in it. I rinse it through a half-dozen washings of water to get the acid out as nearly as possible; then I immerse it in carbolized water, when it is ready for use. The sponge must be cut a little larger than the ulcer, and very thin. The sponge acts at the same time as a protection to the granulations, and keeps them from being destroyed.—DR. DU HADWAY, in the *Weekly Medical Review*, February 7, 1885.

THE INHALATION AND INJECTION OF BLOOD.—We recently alluded to the experiments of PROF. FUBINI in testing the power of the lungs to absorb defibrinated blood. In this connection the following editorial comments of the N. Y. Med. Record may be of interest:

It would truly be a great help in therapeutics

if the functions of the stomach could be temporarily transferred to the lungs, or those of the lungs to the intestinal tract, thereby giving the affected organs rest. PROFESSOR S. FUBINI, of Palmero, has been working in this direction, testing the capacity for vicarious action of the lungs. Obtaining a mixture of 20 parts defibrinated ox-blood and 80 parts of a three-fourths per cent. solution of common salt, he caused it to be inhaled by means of a double-bulb spray. No irritation was caused, and FUBINI claims that the effects upon anæmic patients were instantaneous and striking. In cases of oligæmia, repeated inhalations of blood produced rapid improvement, as evidenced by the ordinary signs, and as tested by examining the blood with the hæmatocytometer and chromocytometer.

PROFESSOR VON ZIEMSSEN, of Munich, has recently brought forward claims for the therapeutic value of subcutaneous injection of human blood. After much experiment, he found that the injection of the blood of other animals was attended with unpleasant symptoms and did no good. On the other hand, the subcutaneous use of human blood in doses of 25 to 50 cubic centimeters, repeated a few times, exercised a pronounced and beneficial effect upon the quality of the patient's blood and the general condition.

A man forty years old, suffering for six weeks from scorbutus, and having a high grade of anæmia with hæmorrhage, etc., received an injection of 50 ctm. of defibrinated blood human blood, in two doses. Next day the hæmoglobin amount had risen from 0.34873 to 0.47887 (normal being about 1.44000). Two days later this had fallen a little. He then received a second injection, and on the following day the hæmaglobin amount was 0.49758. From this time on he improved so rapidly that further injections were not needed.

The blood used is drawn from the veins into a warm vessel and defibrinated. The most careful antiseptic precautions on the part of the operator are required. Finally, the blood must be directed toward the heart, and as it is injected, massage with the oiled hands must be actively used.

PROFESSOR ZIEMSSEN'S method of injecting blood produces similar results to those obtained sometimes by transfusion. He claims an advance, however, in that he has rejected the use of anything but human blood, and has devised a process which is simple and safe.

ANTISEPTIC INTESTINAL MEDICATION—STERCORÆMIA.—DR. DUJARDIN-BEAUMETZ in a recent conference at the Cochin Hospital, has established upon a scientific basis, beyond doubt, that the intestinal contents contain in the physiological status:

1. Micro-organisms discovered by LEUWENHOECK in the fæces, and subsequently studied to the point of describing a great variety of species. These micro-organisms are derived both from the ingesta and from the atmosphere.

2. Organic alkaloids and all the derivatives from the putrefaction of the albuminoids. These alkaloids, once in the blood, are prone to act as cardiac poisons, thus provoking convulsive alterations and modifications of the pupil. There are several circumstances which can hinder their elimination through the natural channels of the organism, giving rise to certain phenomena, akin to those of uræmia, called stercoræmia. The kidneys and the intestines eliminate the toxic alkaloids, and the liver destroys them in part. If, however, this equilibrium is disturbed; if the renal glomeruli are obliterated; if a too rapid absorption occurs in the intestine, through loss of epithelium or ulceration, or because the phenomena of putrefaction are not sufficiently attenuated by the digestive ferments; or finally, if the liver fails to act, then the pathologic condition, called stercoræmia, is manifested.

Purgatives are the agents employed to favor the elimination of toxic substances out of the intestinal tract. BELLOC'S charcoal, in rectal injection, in the dose of two or three tablespoonfuls, suspended in six ounces of water, is a good means to modify the intestinal contents, but as this action is not thorough, in order to reach the whole of the intestinal tract, the use of the antiseptics by the stomach is required. Among these M. DUJARDIN-BEAUMETZ gives the precedence to BELLOC'S charcoal, iodoform and bisulphide of carbon. This is his formula: bisulphide of carbon, ʒ j; water, ʒ xiij; essence of peppermint, 30 drops. M. Put the mixture into a quart bottle, shake, let it rest, and take 8 or 10 tablespoonfuls daily in a teacupful of milk. The same mixture is used to disinfect the bed-pans or closets to destroy the germs of infection.

DR. DUJARDIN-BEAUMETZ has for the last six months employed this sensible and economic mixture in typhoid fever, in the dose of six tablespoonfuls daily, with excellent results, as an intestinal antiseptic, without any accident—*El Dictamen*, Madrid.—*The Western Medical Reporter*, May, 1885.

ERYTHROXYLON COCA AS A REMEDY IN SYPHILIS.—DR. R. W. TAYLOR, in "The Pathology and Treatment of Venereal Diseases," 5th edition, 1883, says: I have used very extensively, during the past three years, in private and hospital practice, as an adjuvant, in the treatment of syphilis, the fluid extract of erythroxylon coca, and I have come to regard it as one of the most valuable agents at our command. Indeed, I know of no remedy which can take its place. I would not be understood as claiming that the remedy is a specific for syphilis, for such it is not, but that its marked tonic effect upon the heart, nervous system, and capillaries, and its power to invigorate the system, to improve nutrition, and to sustain life, is so great, that its use in syphilis, secondary to that of mercury and the iodide of potassium, is attended with results which no other agent now known to us possesses. It is especially useful in the anæmia and cachexia of the secondary period. Given then, with the mercurial, the adynamic effects of the disease are averted. In cases in which great debility has existed, and in which mercury is badly borne, this agent often so invigorates the system that the specific treatment may be resumed with comfort. My favorite formulæ are as follows:

℞ Fl. ext. erythroxylon. cocæ, ℥ ij.
Tinct. cinch. co.
Tinct. gent. co., ää ℥ j.
M.

Dose.—Two tablespoonfuls, in a wineglass of water, three times a day; one hour after meals.

℞ Fl. ext. erythroxylon. cocæ, ℥ ij.
Tinct. gent. co.
Tinct. cinch. co., ää ℥ j.
Elix. calisayæ, ℥ iv.

Dose.—One tablespoonful, in a wineglass of water, three times a day; one hour after meals.

These tonics may be taken at the same time as the antisyphilitic remedy, since there is no incompatibility between them.—*Therap. Gaz.*

The Treatment of Carbuncle Without Incision.—Dr. L. Duncan Bulkley, of New York, read a paper on this subject before the late meeting at New Orleans.

He related the case of a gentleman, aged 56, large and florid, who suffered several years with eczema of the left foot. He was also diabetic. Following upon this eruption was a large carbuncle. He applied to this tumor, thickly spread on the woolen side of lint, the following ointment:

℞ Ergot. fl. ext., ʒ ij.
Zinci oxidi, ʒ ss.
Unguent. aq. rosæ, ℥ ij.
M.

Covering this was cotton-batting, to prevent blows or injury. He was given sulphite of calcium ½ gr. every two hours, and occasionally the following:

℞ Magnesii sulphat., ʒ iv.
Ferri sulphat., ʒ j.
Acid. sulphuric. dil., ʒ iij.
Syr. zingiber., ℥ j.
Aquam, ad. ℥ iij.
M.
S.—Teaspoonful in water through a tube three times daily.

At bedtime Dover's powder was administered to give rest when required. The result of the treatment was cessation of pain, rapid resolution, and a cure, except some induration, in eighteen days. The man continued at his work.

He summed up his paper as follows:

1st. Avoid any irritation, as pressure, blows, etc.

2d. Avoid warmth and moisture, as in poultices.

3d. Avoid incision.

4th. Do not use stimulants.

5th. Protect the inflamed parts with the ointment given above. The solid extract of ergot may be used if desired. Spread the ointment at least one-third inch thick.

6th. Use sulphide of calcium every two hours for its effect upon suppuration.

7th. Employ good, nutritious food, and fresh air.

8th. A sedative, if desired, and occasionally the laxative and refrigerant tonic as above.

The advantages are:

1st. Short time required for recovery. 2d. Cessation of pain. 3d. No scar. 4th. No operation. 5th. No detention from business. —*Medical News*, May 9, 1883.

Another Case of Vaginismus Treated with Hydrochlorate of Cocaine.—Dr. Dujardin-Beaumetz reports (Bulletin Gen. de Therapeutique) the case of a servant thirty-three years of age, who was married at the age of twenty-one, had a child eighteen months later, with a tedious labor which required the use of the forceps. For several months after her confinement she suffered from the effects of a partial retention of the placenta. Upon recovery, sexual congress became extremely painful, which was so marked that all cohabitation was impossible. Upon admission to hospital, and examination, some distance from the orifice of the vagina there was found to be a contractile adhesion, strongly marked and resisting the passage of the finger. While the patient was under chloroform the vaginal orifice was forcibly dilated, first with the fingers and then with the speculum. This operation not proving very satisfactory, a gradual dilatation was attempted by the introduction of the bivalve speculum, twice daily, and left in place for one or two hours at a time. This treatment proving as inefficacious as the first, painting the internal surface of the labia minora and the whole circumference of the vaginal orifice with a solution of cocaine, 2 parts per 100, was practiced. In about a minute sensibility to the prick of a needle had disappeared, and the speculum was introduced almost without any pain, much to the surprise of the patient. A second application made on the following day gave the same result. On the third day the speculum was introduced without the use of the drug, and with but little resulting sensibility. After four of such applications, the introduction of the speculum and the practice of the vaginal touch with the finger gave but little annoyance, the contracted adhesion in the vagina being no longer felt.—*Amer. Med. Journal.*

Thalline.—Mingazzini (Gazz. degli ospit.; Ctrlbl. f. d. ges. Therap.) has employed this drug quite largely, and summarizes his experience as follows: A dose of two grains given by the mouth lowers the temperature sometimes as much as a degree-and-a-half centigrade [=2.7° F.], the fall lasting from four to six hours. A dose of four grains causes a fall of three or four degrees. When the drug is given subcutaneously the effects are produced much more rapidly, and the temperature remains lowered for a longer period, than when it is given by the mouth. It acts promptly also when given by the rectum. The antipyretic action of thalline is more rapid than that of antipyrine, but not so rapid as that of kairine. The pulse and respiration are diminished in frequency after a dose of thalline, and perspiration seldom fails to take place. The patient generally complains of being chilly, and sometimes has a marked rigor; after the depression

the temperature reaches a higher point than before the drug was taken. Neither vomiting nor collapse has ever been noticed by the writer. He concludes that thalline is not to be preferred to antipyrine.—*New York Medical Journal.*

MORE ABOUT ALVELOS, THE NEW CURE FOR CANCER.—The plant commonly known by the name of alvelos belongs to the euphorbiaceæ, and is indigenous to Pernambuco. Dr. Velloso, of that province, states, in a communication to the Journal de Receife, that a magistrate, who was suffering from epithelioma of the face, and who had returned to his estate despairing of relief, was entirely cured of his disease by the topical application of the juice of the plant. On the strength of this report DR. VELLOSO tried the remedy in the case of cancroid of the nose, and in one of epithelioma of the lip, with the result that the first patient was completely cured in forty days, and the second in less than two months. These results, he thinks, justify a trial of the remedy, especially in uterine cancer. The action of the juice of the plant is irritating, producing a spreading dermatitis without much pain, and the application of the cut stem or the juice of the fresh plant to the diseased part, is said to result in the destruction of the morbid tissue, which is replaced by healthy granulations, doing the work, in fact, of the chloride of zinc paste.—*New York Med. Times.*

THE LOCAL APPLICATION OF CASCARA SAGRADA IN CONSTIPATION.—H. C. GLANVILLE, (London Lancet, May 9th, 1885,) in alluding to the fluid extract of cascara sagrada, which he considers the most reliable preparation, says: It acts upon the hepatic secretions and circulations, the whole gastro-intestinal canal, stimulating its morbid condition, and the neighboring glands to healthy action. As a cholagogue it is invaluable. In chronic constipation its action is good, producing full, easy, pleasant stools, without any tormina, tenesmus, or nausea. The liquid extract, combined with the tincture of iodine painted on the hypogastric region, daily, until the bowels are moved easily, has given the same result after repeated trials on patients suffering from habitual constipation. As a remedy for dyspepsia it is superior to many others of its class, being pleasant to take, and producing no nausea.

SPECIFIC BACILLI IN SYPHILITIC TISSUES.—The characteristic bacilli of syphilis seem to have been at last discovered. DR. S. SUSTGARTEN (Centrlbl. f. d. Med. Wissensch., 9, 1885), has demonstrated in two cases of initial syphilitic sclerosis, and in one case of a gumma, the presence of bacilli, which by their reaction to a peculiar method of coloring, and by other properties, were proven to be a separate species, thus far not described. KOCH and WEIGERT have confirmed the discovery. The bacilli greatly resembles in size and shape those of tubercle, but they are always met with either singly or in small groups, included in slightly swollen lymphoid cells. Under high power they showed the same light spots, which KOCH believes to be spore-formations. Cocci were not present.—*Med. and Surg. Rep.*

CHOREA CURED BY HYPNOTISM.—M. BEAUMIS (Gaz. Méd. de Paris) records an extraordinary case of chorea relieved by hypnotism. The patient was a girl æt. 12½, and was suffering from her fifth attack of chorea. M. BEAUMIS had been informed by PROF. BERNHEIM of the result of hypnotism in a similar case and decided to have it tried. A DR. LIEHAULT was the agent to hypnotize the patient. The result was that as soon as the child was hypnotized all choreic movements ceased, and when asked to write, instead of meaningless scrawls, her writing was steady and legible. The seances were continued for some days, and the child was cured completely.—*Birmingham Medical Review.*

INHALATIONS OF CARBONIC ACID IN WHOOPING-COUGH.—M. CAMPARDON has recently experimented with this treatment in the case of a child of ten years of age, sick for five months. The carbonic acid gas used was obtained from an apparatus for making seltzer-water, and was slowly inhaled through a rubber tube placed at the nasal orifices. After a few inhalations the cure was complete. M. CAMPARDON insists that the gas should always be charged with vapor of water. The method is very cheap, and may be commonly used on that account.—*Med. News, Analectic.*

IODIDE OF ETHYL IN RESPIRATORY DISEASES.—PROF. BARTHOLOW says iodide of ethyl is a very valuable antispasmodic, singularly and immediately beneficial in spasmodic asthma, also lessening the liability to subsequent attacks. In capillary bronchitis it is conspicuously beneficial, as also in catarrhal pneumonia. In chronic bronchitis it is a most valuable agent, from its local action. It will probably take the place of iodine vapor for respiratory diseases. The dose is gtt v-xx three or four times a day, by inhalation, generally from a handkerchief.—*Med. Chronicle.*

STILL ANOTHER ANTIPYRETIC. — Haeckel gives a description of a new substance, called by him "dundakina," obtained from the bark of the sarcocephalus esculenta growing in Senegal. It is a bitter resinoid substance, soluble in water and alcohol, possessing astringent and antipyretic properties, and has been proposed as a succedaneum of quinine.—*Med. Record.* May 9, 1885.

EXTRACT OF PISCIDIA.—Further trial of this preparation as a hypnotic has confirmed the report previously made in its favor. It would appear that in doses of six grains its action is quite prompt, and is unattended by any unpleasant symptoms.—*Med. News; Southern Med. Record.*

The Medical Age.

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Original Articles.

THE FREQUENCY AND EARLY SYMPTOMS OF RICKETS.

BY C. G. JENNINGS, M. D., DETROIT.*

In great Britain, and many parts of the continent of Europe, rickets is one of the most common diseases in children. Statistics gathered from the hospitals and dispensaries of London, Glasgow, and Berlin, show that fully thirty-per-cent. of the children presented for treatment show signs of this disease. It ranks with measles and whooping-cough in frequency and importance.

Until the last few years, however, it was considered by most writers to be a rare disease in the United States. EBERLE (on Children, Cincinnati, 1833) does not mention the disease. STEWART (Dis. of Chil. N. Y., 1845), says that although occasionally seen in the United States, it may be considered as of rare occurrence. CONDIE, as late as 1868, treats of rickets under the head of "Scrofulous Disease of the Bones," and says "the affection is fortunately one of comparatively rare occurrence."

Even at the present time American writers on general medicine do not give the subject the attention it merits. FLINT, PALMER, and DAVIS make no mention of the disease. BARTHOLOW writes an excellent article, but says the disease is rare in the United States. LOOMIS devotes a very short chapter to it. Our latest authorities on diseases of children, however, are alive to the importance of the disease. DR. J. LEWIS SMITH says the disease is a frequent one among the poor in New York. In the New York Infant Asylum he found at one time that "one in every nine children presented marked rachitic symptoms." MEIGS and PEPPER say that "the number of cases in which we meet with the early, or even the more grave symptoms of rickets, is quite large, both in private practice and in connection with public institutions."

The most striking assertion as to the frequency of this disease in the United States is made by DR. JOHN I. PARRY (Amer. Jour. Med. Sciences, Jan., '72), in the most exhaustive and elaborate article ever written by an American on this disease. He says: "The writer has already publicly expressed it as his opinion that the frequency of this disease is much under-estimated in this country. In the children's department of the Philadelphia Hospital, at least twenty-eight per cent. of all the sick children between one month and five years old have been rachitic. This estimate is rather under than beyond the truth."

These quotations tend to confirm the conviction that has been forced upon me, that the rarity of rickets is only apparent; it is thought to be infrequent because it is not recognized. My attention was drawn to the disease by the frequency with which I observed it, even in an advanced stage, among the children presented for treatment at St. Mary's Dispensary. After I became more familiar with the symptoms of the disease, especially of the early stage, many cases of obscure derangements were referred to their proper place.

In private practice my experience has been the same. I have under observation at the present time two cases of rickets advanced to the stage of great deformity, and four cases presenting milder symptoms of the disorder. These cases are not all children of poor parents. Two of the milder cases are surrounded by all of the comforts and many of the luxuries of life. Of the prevalence of the disease among the upper classes PARRY says: "I have frequently met with typical examples of the affection among children whose parents were able to provide them with every luxury; and moreover, like JENNER, I have seen fully-developed rickets, which had gone on to the production of deformity, among children well-cared for and living in the country. The only means by which these statements [that the disease is very rare among the upper classes] of American authors upon practical medicine and the diseases of children can be accounted for, is by concluding that, while they recognize the grave forms of the disease, they fail to appreciate the very characteristic symptoms of the early stages of the affection."

That the disease often passes unrecognized is substantiated, I think, by the paucity of American literature on the subject, and by the fact that it is so rarely spoken of by the profession and people generally. I have searched the files of all the leading medical journals to which I have access, for from ten to twenty years back, and have found not one half-dozen articles on rickets by writers of this country. Delayed dentition, laryngismus stridulus and

* A paper read before the Detroit Medical and Library Association.

other symptoms of rachitis are often spoken of but rarely in connection with their most frequent cause. Further, I have found the laity profoundly ignorant of the existence even of this disease, as well as of its symptoms. I do not think such ignorance would prevail were the disease recognized so often as I am sure it occurs. To corroborate this I will quote from DR. J. LEWIS SMITH (International Encyclopedia of Surg., Art. Rachitis): "Mild cases of rickets are often overlooked, since physicians may not be summoned to attend them, while if they be summoned, many, who have not given particular attention to this disease, are apt to err in diagnosis, and to refer the symptoms to some other than the true cause. Commencing gradually and insidiously, rachitis not infrequently continues for months, even in its typical form, before a correct diagnosis is made. * * * * Practitioners who have heretofore given little attention to this malady, and who believe it to be rare, if they are instructed in reference to its characteristic signs, and look for them among the city poor, are surprised at the number of cases with which they meet."

Further on he writes: "Rachitis, in its milder form, is not uncommon in affluent families in this country, the cause of the delayed dentition, fretfulness, and perspirations not being suspected in many instances, as I have had opportunities to observe. Often family physicians are not consulted in reference to such symptoms, and when they are called in, so little attention has rachitis received on the part of many practitioners, that they are very apt to overlook the true pathological state which is present."

As to the importance of recognizing this disease and instituting proper treatment for it, especially in its early stages, there can be no question. Although rarely in itself fatal, the unfortunate and sometimes dangerous deformities it produces, the gravity of its complications and the fatal effect it often has upon inter-current maladies, should make it one of the most carefully watched, instead of one of the most neglected diseases.

Rachitis is a disease found only in infancy. PARRY thinks it very rarely commences after the first year of life. VOGEL fixes the end of first dentition as the period of its latest possible appearance. A few cases of congenital rickets have been observed, and the disease is not rare under the age of six months. The majority of cases, however, appear during the latter half of the first year.

The disease is a direct result of mal-nutrition. Hereditary influence, by determining a feeble, sickly child, may predispose to it, and any disease which seriously interferes with the assimilative power and causes sufficient impairment of the general strength, may be followed directly by it; but by far the most frequent causes of the disorder are inappropriate and indigestible food and bad hygienic surroundings.

Rickets is frequently preceded by a preliminary stage characterized by the symptoms of chronic digestive disturbance and simple atrophy. Wasting is not necessarily present. A child's food may contain an excess of carbohydrates, as when condensed milk or large quantities of starchy food are given. With such a dietary the subcutaneous fat often is abundant, and the child to an inexperienced observer appears well nourished. Symptoms of chronic indigestion should always excite the concern of the physician. When allowed to continue, especially in the latter half of the first year, rachitis will frequently follow. Still digestive disturbances are not always precursors of rachitis. Mild cases will not infrequently be met which give no previous history of ill health.

There are two symptoms which indicate the onset of the disease. They are (1), sweating about the head and neck, and (2), a feeling of heat at night, impelling the child to throw off the bed-clothes and lie naked in his cot.

The sweating is profuse and occurs chiefly at night. The moment the child is laid down large drops of perspiration appear upon the head, run down and saturate the pillow. It may occur also in the daytime when the child is asleep, and frequently on emotional excitement and slight muscular exertion. With this symptom frequent crops of milaria appear. The cause of this symptom is the hyperæmia of the head, which precedes and attends the characteristic bone changes of the cranium. In addition to this JACOBI (American Journal of Obstetrics, November, 1870,) thinks that "the general muscular debility of rachitis must influence heart and blood-vessels as it does the voluntary muscles, giving rise to passive stagnation and effusion, which shows itself externally as perspiration."

While the head and neck are perspiring, the body and extremities are hot and dry. This impels the child to kick off the bed-clothing at night, and lie with his legs bare. Scarcely any device, even in the coldest weather, will succeed in keeping him covered. Mothers often mention this symptom in attempting to explain the many colds these children have.

These two symptoms appear before any bone changes, and are, therefore, of the greatest value in making an early diagnosis. They are sufficiently striking, characteristic of the disease, and very rarely absent. The first, or local sweating, perhaps, is the more important. "It is sometimes present without the second, and the discovery that a patient between birth and eighteen months old is disposed to sweat copiously about the head and neck when asleep, or

after slight exercise or emotional disturbance, is sufficient to make an intelligent physician strongly suspect that rachitis is commencing." —PARRY.

When both are present, "they are so characteristic of the affection we are discussing, that it at once becomes the duty of the medical attendant to place the patient upon treatment for rickets."—PARRY.

Another symptom which appears early and is of diagnostic value when present, is general tenderness of the surface of the body. This is found early, however, only in cases of severity. In milder cases it appears late, or not at all. A child with this symptom is perfectly happy if he can be let alone. He lies quietly in his cradle, has a sad and mournful expression, and cries only when taken up or disturbed. This tenderness is partly located in the peritoneum, and partly in the muscular tissue. It indicates the commencement of bone changes. According to VOGEL, it is "the first symptom of rachitis in the ribs."

The earliest and most uniformly present deformity is beading of the ribs. At the junction of the ribs with the costal cartilages, the bones become soft and thickened, and presents marked elevations. All the ribs are more or less involved, and the row of prominences is often termed the "rachitic rosary." According to PARRY, the articulations of the fourth, fifth and sixth ribs of the left side are often enlarged, while the others remain unaffected. He thinks "the cause of this is probably the greater prominence of this part of the chest-walls, owing to the presence of the heart."

Coincident with beading of the ribs, craniotabes is found. This lesion, which consists of softening and absorption of the bones of the cranium in spots is present, according to JACOBI, in forty per cent. of the cases. It is a symptom particularly found in very young rachitic infants, often appearing as early as the third or fourth month. The soft spots are found on the occipital and parietal bones, and may be detected by carefully passing the fingers of both hands over the skull. Dependent on this lesion are other symptoms.

The pain and uneasiness in the child's head cause him to roll it from side to side and to wear off the hair from the occipital region. Laryngismus stridulus is also, according to most authors, directly dependent upon craniotabes. Children who have laryngismus after the first month or two of life are, with but rarely an exception, the subjects of rachitis.

Very soon after beading of the ribs enlargement of the ends of the long bones of the extremities is observed, and is earliest seen in the wrists. Here the bones are superficial and always in sight, and therefore most frequently attract the physician's attention.

Besides the bones, other structures show the effects of mal-nutrition. The ligaments and muscles are so weak that the child sits erect with difficulty and makes no attempt to stand or walk. Two or three years will often pass before a rachitic child is able to stand. Marked weakness of the extremities without other obvious cause is strongly indicative of rickets. The evolution of the teeth is always delayed. A rachitic child may be eighteen months or two years old before it cuts a tooth. If dentition is in progress when the disease commences it is arrested, and months often elapse before it is resumed. The teeth, when they do appear, are deficient in enamel, soft and quickly wear away. Dentition commences in healthy children at about the age of seven months. If it be delayed till the ninth month the physician should closely enquire for other symptoms of rachitis. A much longer delay, with but rare exceptions, indicates the disease. SIR WM. JENNER considers the non-appearance of a tooth by the ninth month, with but few exceptions, a sign of rachitis. This, to my mind, is an exceedingly important symptom. The progress of dental evolution is always enquired into by the physician when called to attend an infant, and if he remember that marked delay in the process almost always means rickets, very few cases developing at this age will escape detection. Other chronic wasting diseases are not attended by this symptom. In syphilis dentition takes place before the usual time, and in tuberculous and chronic intestinal disturbances, although the wasting be extreme, as long as rickets does not supervene there is no delay.

Of the later and unmistakable symptoms of rachitis I will make no mention. My object is simply to bring to be the attention of the society what I think to be a neglected disease, and briefly to call attention to the symptoms upon which an early diagnosis of it is based.

TWO CASES OF TRAUMATIC INFLAMMATION OF THE KNEE.

BY HAL C. WYMAN, M. D., SURGEON TO WEST END DISPENSARY, DETROIT, MICH.

I am led to submit these cases because of the success which attended them, and the desire to get the views of any readers upon the treatment of knee-joint inflammation.

F. F., aged 22 years, mechanic, of spare figure, was shooting ducks last fall on the St. Clair flats. By accident, his companion fired a charge of duck-shot into his right knee and thigh, from a distance of about sixty feet. So great was the velocity of the charge that some of the shot passed through two inches of the superficial aspect of the thigh. At least a dozen of them penetrated the tissues over the

external wall of the right knee-joint, and a number of them passed into the joint cavity. Dr. Moore, of Algonac, saw the case immediately after the shooting, and removed all the shot that were lodged superficially.

When I saw the case, on the following day, the patient was suffering great pain, and the knee was considerably swollen. The patient had traveled by boat from Algonac to this city, and had taken the street car from the dock to his home, neglecting to use the immobilizing apparatus which had been applied to the knee. There was, consequently, steadily increasing pain; a good deal of jerking of the muscles of the thigh, and a tendency to flexion of the knee. When I extended the leg the patella was raised up from its natural resting place on the osseous structures of the joint by effusions into the joint cavity. Treatment which I carried out was based on the principle of giving rest to the inflamed structure. The joint was fixed by means of a firm shellac splint extending on the posterior part of the leg and thigh from foot and hip. This was secured by a roller bandage, and effectually restrained all muscles that could cause any movement of the joint surfaces. Cold was applied to the joint, by bags of ice. Dover's powder was given internally and worked admirably, in conjunction with the other treatment, in controlling the constitutional disturbances.

Two weeks were consumed in this plan of treatment, varied by an occasional saline laxative. At the end of that time the smarting and pain had vanished. The splint was now removed and movements of the joint surfaces gradually inaugurated. A week later the patient was permitted to use the limb with the help of a crutch. A month after the accident he walked without the assistance of artificial support, but would occasionally have pain and feel the joint give way, as he expressed it, when one of the shot would get between the bones. This symptom still recurs at intervals. A recent examination shows that there is something movable in the cavity of the joint; but his genhealth is so good and the functions of the joint so well performed, that I have not considered it wise to make any effort at removal. Will the presence of duck-shot in the knee-joint be certain to set up inflammation sometime, or may they, like the so-called movable cartilage, be worn for years without making trouble?

Case 2—C. L., aged 21, mechanic. Last October he cut through the capsule of the right knee-joint with a sharp hand-axe. The wound was one inch and a half in length, extending upward from the inferior border of the internal condyle of the femur, to about three-fourths of an inch from the internal border of the patella. I saw him three weeks after the reception of the wound. He had a temperature of 104°, pulse 120, night sweats, sleeplessness, jerking of the muscles of the thigh, anorexia, great emaciation. The joint was greatly swollen. A little thick pus oozed from the wound. The leg was partially flexed upon the thigh. Pain was severe and constant. The thigh was greatly swollen. It was apparent that pus had burst the capsule of the joint and burrowed between the muscles of the thigh. The only treatment the patient had received was morphine internally and cold application to the joint. Treatment: the original wound was immediately enlarged to admit free drainage of the joint cavity. Pasteboard splints were extemporized to immobilize the joint. Quinine, 1 gr.; morphine, $\frac{1}{8}$gr. and atropine $\frac{1}{150}$ gr. were given once in three hours for the next twelve hours, and greatly improved his symptoms.

Chloroform was administered and a free incision made at the upper border of the biceps flexor cruris muscle through the deep tissues of the thigh to the under surface of the femur, where pus was found in large quantities. Through the wound a large drainage tube was passed. The whole leg and thigh was then enveloped in plaster-of-Paris bandages. Fenestra were made opposite the wounds through which weak solutions of corrosive sublimate were injected twice daily. The constitutional treatment was confined to Trommer's extract of malt in large doses, quinine and iron. He began at once to gain in strength and appetite. Swelling gradually subsided, so that I was obliged to lay the plaster-of-Paris dressing open in front and lap the cut surfaces to ensure immobilization of the joint. A few days later considerable swelling was noticed in the leg. This is interpreted as œdema due to changes which had taken place in the popliteal vein as a result of pressure and inflammation.

The plaster dressing was removed, and a suspension apparatus substituted. The splint was made of iron molded after one devised by Dr. Lyster of this city. I found it to answer all the admirable qualities Dr. Lyster claimed for it. The œdema gradually passed away under the elevation the splint afforded. The drainage tube soon came out of the joint leaving a fibrous union of the articulating surfaces. Longer time elapsed before the pus cavities in the thigh healed so that this tube could be withdrawn. During the cold weather last February the patient, who had been about the house for several weeks, took a sleigh-ride, taking care to envelope the limb in heavy flannel. The return circulation had not yet become perfectly established and there was some diffused swelling of the whole limb. The cold produced a degree of congestion in the superficial structure, which was followed by a severe erythema accompanied by loss of appetite, rise of temperature, and general constitutional disturbance. Pulvis Doveri and quinine given in full doses

equalized the circulation and aborted what looked like the onset of a severe attack of erysipelas. The patient recovered good general health, has a stiff knee but an otherwise good limb, with constitution apparently not the least impaired.

HYSTERIA.

BY DR. SAMUEL BELL, PT. HOPE, MICH.

Perhaps there is no disease which comes within the range of a physician's observation that taxes his resources, medical, moral and social, any more than an obstinate case of hysteria. The premonitory symptoms in some cases will drive the ordinary diagnostician to his wits' end in order to satisfy anxious friends. Hysteria occurs most frequently in females, between the ages of 15 and 24; exceptional cases occur later in life. Young girls, old maids, widows, and childless married women are the most frequent subjects of the complaint. Charcot attributes great importance to ovarian hyperæsthesia as a cause of hysteria. The general system may be deranged by many conditions, but the sexual functions assume an undue prominence in the mind; consequently, any disturbance in connection with these functions produces an exaggerated effect. Hysteria is rarely found in the male. A semi-hysterical condition is found sometimes between the ages of 35 and 50 years. Among its causes may be mentioned excessive venery, masturbation, overwork, with long-continued anxiety, excessive and prolonged mental labor, and senile degeneration.

PROF. W. H. THOMPSON, of New York, recently related, during one of his excellent lectures on the above subject, his experience in connection with a case which is, perhaps, not altogether unique. The patient was a female of 20 years. After a careful examination a diagnosis of hysteria was made, and appropriate treatment prescribed, with no apparent improvement of symptoms. The case was becoming monotonous to physician and friends. A noted metropolitan neurologist was called in consultation, and aquiesced in the diagnosis which had been made, also saying with emphasis, that any doctor with average knowledge would know that it was a case of hysteria. Ere the consultation closed they were summoned to the beside of their patient, only to see her expire.

I have had under my care during the past two months, a young lady 18 years old, stout and robust, well developed physically, and a person of average mental calibre. No history of any abnormal psychical manifestations previous to the present sickness. At my first visit I found her in a hystero-maniacal state, clonic spasms of the muscles of the cervical region, opisthotonos, strabismus, pupils dilated, but would respond to light; general hyperæsthesia with intervals of dysæsthesia; hearing very acute. A whisper would be heard by her in the remotest part of the adjoining room. Continuous vociferation, and persistent efforts to leave her bed and room, made it necessary to use force in order to keep her in bed. Pulse 100, temperature 2° above normal. Pulse full and compressible during the interval of spasm. Her exclamations frequently referred to her head. This symptom by many is considered pathognomonic of hysteria—clavus hystericus. It is described by some as if a nail were driven into the head.

Valerian, bromide of potassium and chloral were given, but hysterical vomiting began at once, and for a time the above remedies had to be abandoned. Large doses of morphinæ sulph. were given with some better results, but the raging delirium still continued, and one week elapsed before she recognized her condition and only then for a few minutes. In three weeks she was able to sit up and walk around in the room, but a few days later all the former symptoms came back in an exaggerated form. After about twelve hours of raging delirium she passed into a cataleptic condition and remained so for a long time, all the vital powers seemingly in a state of suspension, except the heart and lungs; were it not for the action of the heart, which was performing its functions, the prognosis must of necessity have been grave.

The pain in the cranial region was a constant symptom throughout her illness. Cantharidal collodion blisters were applied to occipital, and temporal regions and top of head, with some improvement in the pain. But change of surroundings and stern moral treatment seemed to exercise a marked beneficial influence upon the patient. The action of the heart becoming very feeble with absence of first sound, and palpitation, rendered the convalescence rather tedious.

To enumerate all the symptoms present would require too much space in your columns. Psychical, motor, sensory and sympathetic symptoms were all present, and very obstinate to control. A snap diagnosis between epilepsy, multiple sclerosis of brain and spinal cord, hypochondria neuralgia and uræmic coma cannot at once be made, on account of the variety of symptoms manifested. Especially is the diagnosis obscured when no history can be gleaned from patient or friends with reference to abnormal menstruation, which was no doubt the exciting cause. At times enough anodyne would be retained to produce somnia, but tonic and clonic spasms would continue during sleep with less severity, and would be greatly aggravated on waking.

DETROIT MEDICAL AND LIBRARY ASSOCIATION.

REGULAR MEETING, May 18, 1885.

Meeting called to order by the President, DR. INGLIS. Twenty-eight members were present.

DR. MCGRAW: I have two pathological specimens that will be of interest. The first is a calculus that weighed 715 grains when it was fresh, but the water weighed 100 grains, and since drying its weight is 615 grains. I took it out of the prostatic urethra of a boy 18 years of age. There is a portion of the stone that has been broken. There was a connection with another stone in the bladder. The stone in the bladder was soft and crushed beneath the forceps into fragments, and weighed, altogether, 200 grains, so that the whole stone weighed about 815 grains. That is one of the largest stones I have ever seen; although DR. WALKER tells me he has seen a larger one. It has been growing since the boy was three years of age, and the urethra has been expanding to accommodate itself to the increasing size of the stone. The boy, I will say, is doing well, and has had no bad symptoms since a week ago Saturday, when the operation was performed.

Here is another specimen that is interesting also. If you look at it closely, you will see it is a mass of fine hair. The woman fell down two years ago and struck on the sacrum, and the injury was followed by a running sore. It kept on two years until I operated upon her. There was a sinus leading up from the fistula, and at the upper end of it I found this hair. This explains, of course, the nature of the trouble. It has been evidently a dermoid cyst; one of those congenital cysts of the sacrum, which are not uncommon. She also is doing well.

DR. WEBBER: I have a specimen, which is a very simple thing, but it shows the effect of the chloride of zinc in those cases of cancer of the uterus which have resisted treatment. This is the slough that has resulted from the introduction of chloride of zinc after the operation of removing the neck of the womb. The chloride of zinc was introduced by a tampon of cotton, for the purpose of destroying any small remnants that might have been left unobserved after curetting. We see here a very thick slough which almost obliterated the walls of the uterus, but it has certainly removed any remnants of the disease that might have remained. The strength of the solution is five drachms to the ounce. I used it after the method described by PROFESSOR SIMS.

DR. CARSTENS: I operated by this method just five years ago, on a case of uterine cancer. So far there has been no return of the disease. But the diagnosis was made in the very early stage of the disease, and I had some doubt whether it was cancer or some other ulceration. The patient had had womb trouble a long time. I clipped off pieces of the mucous membrane, and had the diseased tissue examined by the microscope, and it was pronounced cancer. The disease seemed to be limited to the mucous membrane of the neck. The great point is to make the diagnosis in these cases early, and you can do that in all doubtful cases by having some of the diseased tissues examined under the microscope. I think the great point in the management of these cases is to make an early diagnosis, and an early operation. Of course, you cannot limit the action of the chloride of zinc internally. But the most the patient generally complains of is the severe vaginitis set up by the chloride dripping down on the walls of the vagina. This, however, can be overcome by drying the vagina and filling it up with cotton.

DR. WEBBER: The only trouble in getting these cases early enough is the fact that many physicians do not recognize them. I have had, in six months, at ST. MARY'S hospital, seven or eight cases that were sent there from outside the city, and some in the city, reported as suffering from ulceration of the uterus—everything but the disease, which was apparent by the sense of smell, and more decidedly apparent to the sense of touch. Cases have come to ST. MARY'S hospital in which there was no help at all, and had been allowed to progress under the constant surveillance of physicians who did not recognize the disease. And it seemed very strange to me indeed, where the history of the cases was so plain, that they should be allowed to go on to an irrecoverable condition.

DR. CARSTENS: I would say, in connection with this, that an operation in those cases which seem unpromising gives wonderful results in relieving pain and prolonging life. Take the very worst case, operate on such a woman, stop that discharge, and the woman will pick right up, be strong, and life will seem to her worth living, and she will feel almost as well as ever for about a year or two. Then the operation must be repeated, and it will at least make life bearable. While if an operation be not performed, life is simply a torment. A point that I would emphasize is, that in all doubtful cases the physician has no right to take any chances and say it is an ulceration or erosion. It is his duty to take out the diseased tissue and have it examined, and a proper diagnosis made, and treat it accordingly. Physicians are not thorough enough in this particular.

DR. MCGRAW: I would like to say a word in reference to diagnosis in certain cases, of a peculiar form of epithelioma of the mouth of the uterus. I have sometimes seen it in the mouth and occasionally in the neck of the uterus. It also occurs in the mouth, and on the lips, and inside the nose. The disease begins with something like a small white streak. You try to wipe it away and find you cannot, and if

you cut a little portion of that away, you will find it made up of nests of epithelial cells. I have seen epithelioma begin in that way. I have never seen a description of it in the text-books. I had a case last winter, in which the inside of the cheeks was perfectly white and the gums were ulcerated.

DR. JENNINGS read a paper on The Frequency and Early Symptoms of Rickets. See page 241.

DR. WARNER: One symptom which DR. JENNINGS mentions I would like to speak about, and that is restlessness at night. I do not think that is a very reliable symptom of rickets. It is extremely common among children.

DR. JENNINGS: Of course that taken alone would not indicate rickets, but in very cold weather a healthy child will rarely kick the bed-clothes off.

DR. FLINTERMANN: I have listened with interest to the paper of DR. JENNINGS, and I can testify to the frequency of rickets in this country. I spoke about it some years ago to a prominent physician, and he said that it was a rare disease in American families; but I have under observation families surrounded by all the comforts and luxuries of life and the parents apparently in robust health, and the children showing all the symptoms of rickets. A symptom which frequently aids me to diagnosticate rickets is laryngismus stridulus. I saw a case with DR. MCGRAW last winter. There was a severe complication of the throat. The child often had at night very severe attacks of laryngismus stridulus, and DR. MCGRAW perfectly concurred in my diagnosis. The child was about fourteen months old, and showed delayed dentition. Under treatment for rachitis the laryngismus disappeared in a very short time. The treatment for this disease recommended lately by LASSOWITZ, of Vienna, is small doses of phosphorus. I cannot remember what reasons he gives for it, but he shows a number of cases in which very small doses were given with excellent results. I have seen quite recently a case in which the child suffered with convulsions, delayed dentition, and had the characteristically shaped head of rachitis; the convulsions came on by the slightest attacks of illness. Within a short time by proper treatment the convulsions diminished in frequency, and the child is now doing well. About $\frac{1}{6}$ of a grain of phosphorus in an emulsion of four ounces, given in doses of a teaspoonful three times a day.

DR. CARSTENS: Disturbances of the alimentary canal are very frequent in rachitis. The diarrhœa and the peculiar discharge that sometimes take place, are considered to be symptoms characteristic of the disease. I think it is usually held that the condition of the urine also is quite characteristic of the disease. It contains a large quantity of lactic (?) acid, holding the lime in solution, so I think the examination of the urine would be of service in making a diagnosis. The point that DR. WARNER made about the child being restless and kicking off the bed-clothes, I do not agree with. I do not think children will kick off the bed clothes in cold weather. They will cry as soon as it gets cold, and when covered will go to sleep again. I think it is quite a distinctive symptom of this disease.

DR. GEO. DUFFIELD reported a case of rachitis in a young infant. An interesting feature of the case was the tolerance of large doses of opium which the child had acquired. To quiet it the mother now gives it a teaspoonful of tincture of opium. The child was eleven months old.

DR. INGLIS: I think the paper of DR. JENNINGS' is an extremely valuable one, because I am convinced the point he takes of its being overlooked is a very strong one. I have at present a very marked case of rickets, and the parents are in affluent circumstances, and have never at any time spared any efforts in regard to the child. The sanitary surroundings are of the best, but the hereditary history on the mother's side is bad. This case has something strange about it, but it illustrates very forcibly how the disease will occur in the absence of conditions generally thought to favor the disease. It brings up to my mind the point made by DR. CARSTENS, of the clay colored stools. The child is constantly troubled with that difficulty.

DR. MCGRAW: I had a case to-day that was a very interesting one, Mr. President, and a very difficult one. It was a case of ovariotomy, in which there was a very indistinct history of a growth of a good many years. The case was seen by DR. CARSTENS a few months ago, when I believe it was quite a small tumor. She refused at that time to submit to an operation. The woman lives in Windsor, is the wife of a negro, but with some Indian blood, I take it. A woman of some fifty years of age. The symptoms have been rather peculiar. She had a sudden cessation of the menses, and the physician who saw her thought she was pregnant. She had a very large ovarian tumor. A physician in Windsor had already tapped her, but got no fluid, so I knew that the contents would be of a very thick gelatinous character. It makes the very worst kind to remove. I found that it was an immense mass of jelly that had ruptured into the abdominal cavity, so that by taking it up in the hands hardly any fluid was seen at all, and what made the matter worse, there were cysts on both sides. On the right side it was a ligamentous tumor—one of the very worst kind to extirpate. It was intra-ligamentous, and passed way down on the uterine and vaginal walls. I was

in hopes of getting up the jelly without cutting into the abdominal cavity, but it was filled. I got out several gallons of it; one of those large tin foot-baths full of it, and it was impossible to cut it clear of the intestines. It had grown firmly to them. I could take hold of it and tear it out as I would a false membrane. I got out the left tumor and was able then to tie the pedicle, but the right tumor descended down between the folds of the broad ligament, and it was utterly impossible to dissect it out. I tried to cut around the peritoneal walls so as to dissect the covering off, but the whole thing was too thin, and I had to stitch the cyst into the abdominal wound; that is, cut off all I could and stitch the edge of the cyst into the abdominal cavity, and put in a tube to conduct off the contents of the cavity. All the intestines, the liver, and spleen, were just covered with this thick, gelatinous mass. I never saw a case like it. It was the most difficult case of ovariotomy I ever had, and I am afraid it will be unsuccessful.

DR. FLINTERMANN reported a case of diphtheria in a child 18 months old, which began with the exceedingly high temperature of 107° F., lasting several days, the patient dying with complications of the brain.

DRS. T. KENNING, FRANK D. FARNUM, and W. C. STEVENS were elected to active membership by ballot.

DR. W. H. LONG, of Chicago, to corresponding membership.

GEO. DUFFIELD, M. D.,
Secretary.

NORTHERN KANSAS MEDICAL SOCIETY.

On Thursday, May 21st, physicians from Marshall, Nemaha and Brown Counties met in the Court House at Seneca and organized the "Northern Kansas Medical Society," and elected as officers for the current year:

President—A. G. EDWARDS, M. D., Marysville.

Vice-President—A. SNYDER, M. D., Seneca.

Secretary—N. HAYES, M. D., Seneca.

Treasurer—E. W. BLISS, M. D., Hiawatha.

After prolonged consideration the constitution and by-laws were adopted.

PRESIDENT EDWARDS appointed the following standing committees:

COMMITTEE ON ELECTIONS.

W. W. NYE, M. D., Chairman; DRS. S. H. BLAKELEY, E. W. BLISS, N. HAYES, W. E. HAM.

COMMITTEE ON ETHICS.

A. J. BEST, M. D., Chairman; DRS. O. B. SLOSSON, G. E. ERWIN, J. F. LESH, W. H. CLUTTER.

COMMITTEE ON PUBLICATION.

DRS. HAYES, MAGILL and MURDOCK.

EXECUTIVE COMMITTEE.

DRS. BLISS, HAYNER and DARGATZ.

Quarterly meetings will be held. On motion of DR. BLISS, it was decided to hold the next meeting at Hiawatha, on the second Thursday in August, at 3:00 p. m.

The president assigned special topics and appointed essayists. The general subject for consideration will be "Infantile Diarrhœa."

The meeting was characterized by unity of sentiment and good feeling, the sole object being to maintain the highest efficiency in combatting disease.

The profession was well represented, there being present twenty-five physicians of high standing and unquestioned reputation. A membership of fifty is soon expected.

M. HAYES, M. D.,
Secretary.

SENECA, KANSAS, May 28, '85.

Correspondence.

MORTALITY FROM HEAD-LAST LABORS.

In reply to DR. FLORA'S question as to the mortality among infants in head-last labors, in the May 11th number of the AGE, would say: In my practice of over 46 years, in first labors or primipara the deaths amounted to nearly 50 per-cent., in multipara to 25 per-cent.

In all cases where it was possible to terminate labor rapidly the child survived, hence it has always been my aim in such cases to deliver as quickly as the safety of the mother would permit. I do not recall a case in which the pulsation in the cord ceased before pressure upon it caused the interruption.

J. HOKE, M. D.

CORDOVA, Ill.

Medical Record: "When one of the distinguished apostles of the higher ethics calls his brethren and allies 'a lot of scheming, wire-pulling, half-cut editors,' and when one of these latter retorts by calling number one, in unethical alliteration, 'a jaded journalistic gelding,' it is time to ask, where is the Angel of Peace and Goodwill that is supposed to hover over the Ark of the Code? *Tantœne iræ celestibus animis?* If so we recommend a little more of the four Gospels, and less of the medico-political righteousness developed at the meetings of the American Medical Association."

The Medical Age.

A SEMI-MONTHLY REVIEW OF MEDICINE.

JOHN J. MULHERON, M. D., Editor.

—PUBLISHED BY—

GEO. S. DAVIS, Medical Publisher, Box 470

DETROIT, MICH., JUNE 10, 1885.

Editorial.

STATUS PRÆSENS OF THE CHOLERA-BACILLUS THEORY.

We have received several requests of late, stimulated, as alleged by correspondents, by the threatened invasion of this country by cholera, for a concise statement of the status of KOCH'S theory of the etiology of the affection, and for any deductions from this theory which might be of value from the standpoint of the therapeutist. Unfortunately, the hopes which were raised by the positive declarations of KOCH, based on his researches and those of GAFFKY and FISCHER in Egypt, Calcutta, and France, at the instance of the German government, have been seriously dashed by the equally positive declarations of KLEIN, based on subsequent researches by himself, GIBBS, and LINGARD in India, at the instance and expense of the Secretary of State of that British dependency. The declarations of these scientists, of co-equal standing in their special field, have quite negatived each other in the minds of the general practitioner.

Briefly stated, the conclusions of KOCH and KLEIN are as follows:

1. KOCH: There occurs in the rice-water dejecta of the acute stage of cholera, a peculiar form of microbe, which, from its curved shape, has been called the "comma-bacillus." KLEIN admits the occurrence of these bacilli, but maintains that they vary greatly in number in different stools, at different stages, and in different cases.

2. KOCH: The comma-bacillus occurs as a mobile rod, of equal thickness with the tubercle bacillus, but of only half its length. It is always curved, although varying in the degree of its curvature, and varies in length with the stage of its growth. It occurs either singly or in couples; in the latter case the two arrange themselves in the form of the letter S. KLEIN disputes the appropriateness of the name "comma-bacillus," holding that while it varies greatly in length, the curve varies from that of a half circle to a merely perceptible bend. The organism, he insists, is more properly termed a vibrio.

3. KOCH: In persons dead of cholera, at the acute stage, the lower part of the ileum contains almost a pure cultivation of comma-bacilli. The bacilli occur also in mucus-flakes as well as in the fluid of the cholera evacuations. KLEIN'S investigations have failed to reveal a single case in which "the pure cultivation" of comma-bacilli was found in the lower part of the ileum of an acute typical case of cholera. While the comma-bacilli were found by him in mucus-flakes of the rice-water stools, the sooner after death the examination was made, the fewer were the number found, and never were they found to the exclusion of other bacteria.

4. KOCH: Commencing at the lower part of the ileum and diminishing in intensity towards the upper part, the mucous membrane shows loosening and detachment of the epithelium of the surface and of that lining the glands of Lieberkühn. The solitary and Peyer's lymph-glands exhibit this change in the most marked degree. These alterations are ascribed to the presence of the comma-bacilli and to the absorption of a special chemical ferment. KLEIN holds that inasmuch as an examination *immediately* after death reveals no trace of the comma-bacillus or other bacteria, not even in the superficially loosened epithelium, KOCH'S theory that the disease is caused by the comma-bacilli secreting a chemical poison, must be erroneous.

5. KOCH: The blood and other tissues are free from organisms. To this KLEIN agrees.

6. KOCH: The comma-bacillus grows by division, dividing transversely. After division the two parts may unite end to end to form an S, and by further division they may grow into a spiral-like or wavy form. Growth goes on outside the body at the ordinary temperature of the room, but is most active at a temperature of from 38° to 40° (100.4° to 104° F.) They require a moist and alkaline medium for their growth, and are killed by acids, drying, and by various antiseptic agents. KLEIN discovers nothing peculiar in the method of growth of the comma-bacilli. He asserts also that while they grow well in alkaline and neutral media, acids do not kill them. The comma-bacillus of the mouth shows the same peculiar characters of growth in gelatin as KOCH'S comma-bacillus.

7. KOCH: Because of the constant occurrence of comma-bacilli in the intestines of the Asiatic cholera patients, and of their absence in all other diseases of the intestines, and because of the fact of their peculiar method of growth in nourishing-gelatin, they are not only of important value in diagnosis but are also considered the essential cause of cholera. KLEIN maintains that the comma-bacillus may be

found not only in discharges from the intestines in other diseases than cholera, but also in the mouths of healthy persons. Recently also it has been found in some common articles of food, DENEKE having discovered it in stale cheese.

8. KOCH: Cholera can be produced in dogs and guinea-pigs by injecting comma-bacilli taken from choleraic evacuations, directly in their small intestines. KLEIN denies this statement and holds that the results obtained by KOCH and others on animals are much more easily explained in an opposite manner.

Besides thus categorically replying to KOCH, KLEIN insists that there is direct evidence to show that water contaminated with choleraic evacuations, and containing, of course, comma-bacilli, when used for domestic purposes, including drinking, by a large number of persons, did not, in the case of the tanks near Jelepara Lane, produce cholera. KOCH'S theory has, moreover, not met with universal approval in Germany, where certain scientists have shown their lack of faith in its correctness, besides, also, perhaps, demonstrating its unsoundness, by themselves swallowing, with impunity, whole colonies of the typical comma-bacilli. While the latter fool-hardy act may have its elements of weakness as an argument against the theory it none the less strongly evidences the fact that the theory is not sufficiently well-founded to commend itself to universal acceptance.

As to the value of the comma-bacillus theory of the etiology of cholera, it is scarcely necessary, in view of the above contradictory statements, to speak. Even were the theory absolutely unquestioned there have been as yet no deductions therefrom which can be said to be of any practical value. Cholera cannot yet be said to be understood, either as to its causation or its essential nature. While its symptoms are unmistakable there lie back of these symptoms either a condition of the system (gangliasthenia?) induced by telluric states, or a direct virus which has as yet, probably, eluded the power of the lens or the ability of reagents to reveal it. This much we know with tolerable certainty, that the essential cause is aggravated by bad sanitary and hygienic conditions, and that the individual who conforms to the well-known laws of sanitation and personal hygiene is much less prone to the disease than the one who sets these laws at defiance. Whether this immunity is due to the fact that he thus renders his small intestines impervious to the deadly microbe, by interposing, in the stomach, a normal acid medium through which it cannot pass and live; or whether it is owing to the fact that a consciousness of correct habits banishes fear, the emotion so depressing to the ganglionic centres, who can tell?

M. A. VILLIERS published, recently, a paper in the Journal de Pharmacie et de Clinie, in which he embodied the results of certain experiments which may prove to have an important bearing on the question of the nature of the cholera virus. He discovered in the intestines of two bodies dead of cholera an alkaloid, alkaline to test-paper, an energetic base and not set free by alkaline carbonates. The hypodermic injection of this alkaloid proved fatally poisonous to guinea-pigs. It has been quite satisfactorily shown that the bacilli which were, for a short season, supposed to be the essential factor in the causation of diphtheria, are of themselves innocuous, a simple washing of them in pure water without affecting their form or appearance removing from them their virulence. The conclusion is plain that they are, therefore, merely the carriers of the virus, even as the red blood corpuscles also are supposed to be the carriers of oxygen to the tissues. In view of this fact, may not the comma-bacillus of KOCH be harmless in itself but deadly as it is the bearer of its deadly burden of the peculiar ptomaine generated in the body of the cholera patient? We may be on the verge of the discovery of some important practical truth in connection with this dread disease, but it cannot be said that the recent investigations have added anything of real value as an aid to its therapeutic management.

PROGRAMME OF THE ANNUAL MEETING OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION FOR 1885.

The following is the official programme of the meeting of the American Laryngological Asssociation, which convenes in this city this month:

JUNE 24TH.

Morning session at 10:00 o'clock.
Roll call, reception of guests, etc.
Address of welcome by DR. DAVID INGLIS, Pres. Det. Med. and Library Association.
President's address.

Papers:

On the Use of Galvanism in Pharyngeal Affections. DR. E. L. SHURLY, Detroit.
On the Respiratory Functions of the Human Larynx. DR. F. H. HOOPER, Boston.

Appointment of Nominating and Auditing Committees.
Election of Fellows.
Adjournment at 1:00 o'clock, p. m.

Afternoon session at 3:00 o'clock.

Papers:

On Some of the Motor Derangements of the Larynx. DR. H. A. JOHNSON, Chicago.

On Certain Vaso-Motor Disturbances of the Nasal Membrane. Dr. W. C. Glasgow, St. Louis.

On Reflex Action in the Etiology of the Simple Inflammatory Conditions of the Upper Air-Passages. Dr. McKenzie, Baltimore.

On the Efficacy of Mild Measures in the Treatment of So-called Nasal Catarrh. Dr. J. Solis Cohen, Philadelpnia.

Evening.

Reception, by the President, of the Fellows of the Association.

June 25th.

Morning session at 10:00 o'clock, promptly.

Business meeting open to Fellows of the Association only.

Order of business:

1. Report of Secretary.
2. Report of Treasurer and Auditing Committee.
3. Report of Librarian.
4. Report of Committee on Nominations for 1885–6.
5. Miscellaneous business.

At 11:00 o'clock the doors will be opened and reading of papers commenced.

Papers:

On Submucous Laryngeal Hemorrhage. Dr. Ives, New York.

On the Galvano-Cautery in Laryngological Practice. Dr. Harrison Allen, Philadelphia.

On the Principles Involved in the Construction of Spray Tubes. Dr. A. H. Smith, New York.

Presentation of instruments.

Afternoon session at 3:00 o'clock.

Papers:

A paper by Dr. Ingals, Chicago.

On A Case of Melano-Sarcoma of Nose Cured by Galvano-Cautery. Dr. Lincoln, New York.

On Angioma of Nose. Dr. Roe, Rochester, N. Y.

On Deformity of the Nose as a Factor in Nasal Catarrh. Dr. Robertson, Detroit.

On Inflammatory Adhesions of the Soft Palate to the Wall of the Pharynx. Dr. Rice, New York.

Evening.

Annual dinner of the Association at the Russell House at 7:00 o'clock.

June 26th.

Morning session at 10:00 o'clock.

Papers:

On the Influence of Diathesis on Mucous Membranes. Dr. Duncan, New York.

On Alimentation in Laryngeal Phthisis. Dr. Robinson, New York.

On a Case of Membranous Nasal Catarrh. Dr. Major, Montreal.

On An Additional Note on the Therapeutic Action of Cocaine. Dr. Bosworth, New York.

On Personal Experiences With Some Recent Additions to the Materia Medica of Laryngology. Dr. J. Solis Cohen, Philadelphia.

A. On the Isolation of the Temperature Sense in the Throat by Means of Cocaine.

B. On Thrombosis of the Nasal Erectile Cells. Dr. McKenzie, Baltimore.

Adjournment at 1:00 o'clock.

Afternoon at 2:00 o'clock:

Boat ride on the river, by invitation of the Detroit Medical and Library Association.

LOCAL COMMITTEES.

Executive Committee.—Dr. J. W. Robertson, Chairman; Drs. D. Inglis, Geo. Duffield, S. G. Miner, and C. G. Jennings.

Reception Committee.—Dr. Wm. Brodie, Chairman; Drs. T. A. McGraw, H. O. Walker, Eugene Smith, J. B. Book, J. J. Mulheron, G. P. Andrews, E. T. Tappey, J. E. Emerson, J. H. Carstens, H. W. Longyear, J. G. Johnson, and N. W. Webber.

The profession are cordially invited to attend the meeting.

LAVAGE AND GAVAGE.

Lavage is a term employed by Debove, of Paris, and thus more prominently brought before the profession within the past few years, to denote the method of gastric ablution, and gavage is the method of feeding with liquid preparations to which that author, Dujardin-Beaumetz, Lauder Brunton and Henry B. Millard have recently been devoting a considerable degree of attention. From the reports which these gentlemen have furnished we are constrained to believe that lavage and gavage are important and much-neglected therapeutic measures. Lavage is especially valuable in all cases of dilatation of the stomach, whether due to obstruction at the pylorus, to atony of the muscular layer, or to the paralysis consequent on chronic catarrhal conditions. The apparatus for its performance is quite simple, consisting merely of a large funnel to which is attached about four feet of flexible rubber tubing. The tube is introduced into the stomach, the voluntary efforts at deglutition by the patient much facili-

tating the introduction, and the funnel is elevated at a sufficient height to permit of the fluids gravitating freely into the stomach. The funnel is then lowered and thus by siphon action the fluid is drawn off without any effort on the part of the patient. For simple cleansing of the stomach tepid water may be employed, but when there is pain chloroform water (a saturated aqueous solution of chloroform and plain water, equal parts) may be employed. Anti-putrescent washes may also be thus employed and their use in particular cases will readily suggest itself. A one-per-cent. solution of boracic acid or a saturated solution of carbon bisulphide and plain water, equal parts, makes a valuable anti-putrescent wash.

As a means of artificial feeding gavage has been rendered especially valuable by the recent improvements in the matter of meat powders. In organic disease of the stomach, accompanied, as most forms are, by anorexia and positive disgust for food, the introduction of a readily assimilable food directly into the stomach is a desideratum in the treatment. Minced raw meat has until recently been the most eligible food of this nature, but the objections to it are so great as to have caused even it to have fallen into disrepute. Meat powder almost completely removes these objections. It is much more concentrated than raw meat, its nutritive value corresponding to that of about five times its weight of the raw material. Being finely powdered, it is much more easy of peptonization, and its use obviates the dangers of tænia which exist in the use of raw beef. We have examined a sample of this powdered meat prepared at the laboratory of PARKE, DAVIS & CO., and find it to answer correctly the requirements prescribed by DEBOVE and the other gentlemen who have written on the subject. Although the opportunity has not presented for its employment by means of the tube, we can testify to its value as an aliment when given per os in conditions requiring the ingestion of readily assimilable nutriment. Mixed with milk or beaten up with the yolk of an egg and a little wine, it will be found to be a very valuable adjuvant in the treatment of exhausting diseases.

DEATH OF DR. R. H. PEASE.

At a special meeting of the Detroit Medical and Library Association, on the 27th ult., to take action on the death of DR. R. H. PEASE, of this city, the members in attendance after unanimously expressing their admiration of the character and professional attainments of this estimable young physician, adopted the following preamble and resolutions:

"Our esteemed brother, DR. ROBERT H. PEASE, died at his late father's residence in this city on the afternoon of the 26th of May, instant, after a protracted struggle with disease through the last ten months. Fully realizing the perils of his situation, he made every prudent effort by change of scene and climate to check and ward off the malady which had laid siege to his vital powers; but all in vain. His own knowledge of his condition, and the best medical skill at home, in the East and and South, which were all given him, proved fruitless, and served only to parry, and for a moment to delay, the fatal blow. With calmness and courage he patiently waited and watched for the closing scene, dropping quietly at last into the sleep that released him from further pain and suffering, but conscious to the last of his approaching dissolution.

A graduate of the Detroit Medical College, and trained for his profession in the schools of Vienna and Heidelberg, he entered two years ago into active practice in this city, full of ambition and high hope; but he has fallen on the very threshold of life, and before he had rounded the second year of professional labor, and we are here to chronicle his death and lament his loss. It is, therefore, by this Society

Resolved, That in the death of DR. ROBERT H. PEASE we lose one of our most promising young members, and also one of the most genial and cordial of friends; we regret most sincerely the blighting of his ambitious hopes and the loss to this community of one who, had he lived, must have proved a valuable man in the profession to which he so heartily devoted himself.

Resolved, That we shall ever cherish his memory as that of a life fragrant with the odors of a kindly and genial friendship for all his associates, and adorned with all the virtues of a pure and unblemished life.

Resolved, That while sorrowing for ourselves over his untimely death, we at the same time extend our sincere sympathies to his family and friends, who in this bereavement are truly afflicted, and we instruct our secretary to transmit to his family a copy of these resolutions, and to send a copy also to the public press and the medical journals with which this society is more directly connected.

Resolved, That so far as practicable we will as a body attend the funeral of DR. PEASE.

GEO. DUFFIELD,
J. H. CARSTENS, } Committee.
BENJ. P. BRODIE.

FRIEDRICHSHALL WATER.

Among mineral waters Friedrichshall has long occupied a position which it has won through honest merit, made known through judicious advertising. The natural mineral

waters are very extensively employed in medicine and the points on which their efficacy depends have been pretty thoroughly examined into. They are nearly all possessed of laxative or purgative properties, but to these they should add other properties in order that they may accomplish the ends to which the typical water is adapted. The quality of the purgative which they cause is also important, for it is well-known that there are purgatives which while effectually unloading the intestines either add nothing to their tonicity or actually impair this essential condition to proper functionation. The sulphate of magnesium is, for instance, a purgative of this class. The sulphate of sodium, on the contrary, unites with its purgative property a tonic action, and is thus the preferable salt. The chlorides exert a remarkable influence on the economy, promoting tissue-change and facilitating the oxidation of albuminoids, and it is, therefore, very desirable that they should enter, in proper proportion, into such mineral waters as are employed for therapeutic purposes. According to SIR HENRY THOMPSON, and other leading therapeutists, Friedrichshall contains the sulphate of sodium and the chlorides (of sodium, magnesium, and potassium) in proportions better adapted to the purposes to which mineral waters are employed than are found in any of the waters of its class. Instead of requiring to be employed in increasing quantities as are most others, its dose may be gradually lessened. The profession will be pleased to learn that an improvement in the method of collecting Friedrichshall has been adopted. A correspondent of ours, a member of the profession in England, who has given much attention to the question of mineral waters, has suggested a method through which the water may be collected in a more concentrated condition than heretofore. Through the method of caption which has been adopted at his suggestion, Friedrichshall is now placed on the market undiluted with the ordinary water which entered into it under the former method. This new form has greatly enhanced its therapeutic value, as any one who compares its effects with his previous experience may readily convince himself.

THE PLYMOUTH ENDEMIC.

Plymouth, Pa., is a town of between 7,000 and 8,000 inhabitants. It receives its chief water-supply from four reservoirs which are supplied by a mountain stream. During the past winter a person living on the banks of this stream had typhoid fever, and his discharges were thrown upon the snow in the immediate vicinity. Shortly after the thawing out of this stream which received the melted snow upon which this patient's excreta had been thrown, there broke out in the town an endemic of typhoid fever which attacked upwards of a thousand of the citizens and proved fatal in the cases of over a hundred. Such a percentage of cases to the population has, probably, not been equalled in the history of this disease. It was a fearful visitation, but it carries with it a wholesome lesson which, properly heeded, will prove it not too dearly paid for. That the disease was directly caused by the contamination of the drinking water by the dejecta of the single case of typhoid fever, seems very apparent from the fact that the residents of the town who derived their water-supply from wells escaped. This fact would seem to corroborate in the strongest possible manner, the theory of the existence of a specific typhoid fever germ, and to effectually remove any lingering doubt of the possibility of conveying those germs through the water-supply. The danger of throwing the excreta of typhoid fever patients either into privies, water-closets having direct sewer communication, or disposing of them in any manner which admits of the possibility of their reaching the water-supply, has received another illustration in the experience of Plymouth. It should be inculcated as one of the most important measures in connection with the treatment of a typhoid fever case, that the discharges be destroyed by fire. There is, probably, no other effective means of divesting them of their virulence.

THE RACE OF LIFE.

A sporting paper, viewing the race of life from its distinctive standpoint, gives the following "pointers" to those who might wish to stake money on the issue of this great go-as-you-please contest against time:

"If one could see a million babies start on a journey (all scratch the mark, of course), and could follow them through life, this is about what he would see: Nearly 150,000 of them drop out of the ranks by the end of the first year, while twelve months later the numbers would be further thinned by the deduction of 53,000 more; 28,000 would follow at the end of the thirteenth year. They would throw up the sponge by twos and threes until the end of the forty-fifth year, when it would be found that in the intervening period something like 500,000 had left the track. Sixty years would see 370,000 grey-headed men still cheerfully pegging away. At the end of eighty years the competitors in this great 'go-as-you-please' would number 97,000, but they would be getting more shaky and 'dotty' each lap. At the end of 95 seasons 223 would only be left in the final 'ties,' while the winner would be led into his retiring-room, a solitary wreck, at

the age of one hundred and eight. There is something grimly humorous in the quaint array of figures, but they are founded upon statistics carefully compiled. One cannot help wondering what would be the betting at the start about any one of those million babies coming in alone at the one hundredth lap of the great and mysterious track upon which the race of life is run."

GLYCERINUM ACIDI CARBOLICI IN EARACHE.

The therapeutics of acute earache is very imperfect, and any proposed remedy against this painful affection will receive attention. Dr. Hewetson, of the Leeds General Infirmary, read a paper on the subject before the late International Otological Congress, at Basle, Switzerland, in which he extolled the virtues of a solution of carbolic acid in glycerin as a remedy. In all cases of typical earache, at whatever stage, he found it, invariably, to give relief. Much depends on the strength of the solution, and the weaker solutions were found to be ineffectual, while the stronger solutions are too caustic. The glycerinum acidi carbolici is not officinal in the U. S. P., but is in the Br. P. It consists of a solution of one ounce avoirdupois of carbolic acid, in four fluidounces (Imperial) of glycerin. The proper way to apply it is to draw the lobe of the ear forcibly upwards and backwards, as in syringing the ear, to straighten the entrance into the meatus, and then allow the fluid to trickle gently down one side, while the air escapes by the opposite side. In cases in which the meatus is much swollen, it may be inserted through a fine elastic catheter, well covered with vaseline to promote its easy passage. As an application in the disastrous otitis of scarlatina, Dr. H. speaks very highly of it from his experience in a few cases offering opportunity for its trial.

"LIBERTY ENLIGHTENING THE WORLD."

Although this is not properly a medical subject, we, nevertheless, take pleasure in publishing the fact that the American committee having charge of the erection of the pedestal on which to place this gift of the French Republic, have prepared miniature statuettes of this colossal work of art, which are being sent to each person who subscribes $1.00 towards the pedestal fund. Doubtless, the majority of our readers will be pleased to receive one of these little souvenirs, and more especially so when they remember that the dollar which they contribute for it is to be devoted to as above indicated. Address, Richard Butler, Secretary, 33 Mercer street, New York City.

Notes.

Some Michigan doctors, moved, doubtless, rather by motives of philanthropy than, as has been uncharitably hinted, by a love of notoriety, tendered their services to the Czar of Russia, in the event of the breaking out of hostilities between his empire and England. Gaillard's Medical Journal wonders how any enlightened, liberty-loving American citizen could thus volunteer in the service of a degrading despotism like that of Russia. Perhaps these doctors, who desire more room in which to develop their surgical skill than is furnished them at home, do not know just the kind of a despotism Russia is—probably haven't read Stepniak's "Russia Under the Tzars." At all events, they are not going to Russia. The war-cloud has passed over, and the Czar doesn't need their services. He would not need them in any event, for, as he wrote back, he has surgeons enough of his own, and, besides, before he could accept them, he would require them to pass an examination to test their fitness. That last was a very cruel cut.

The Boston "Mind Cure," as might, of course, have been expected, finds its most zealous disciples among the women æsthetes. The typical female Hubbite is chiefly made up of mind; she comes as nearly to being an incorporeal entity as is possible in any mundane thing. There is one feminine characteristic, however, of which her preponderance of mind has not divested her, and that is her tongue. At a recent meeting one incompletely evoluted sister ventured to express a mild doubt as to the efficacy of the "Cure," and she was promptly labeled a "malicious modern Sapphira" by her differentiated co-members of the Woman's Club. This argument was irrefutable, and the sister at once gave evidence of her conversion by subscribing her belief to the following statement of one of the ladies: "I spilled a kettle of boiling fat upon my hand. I then took hold of my wrist and said to that hand, 'you are not burned. You shall not smart,' and in a moment it was as well as ever."

Ralph Waldo Emerson was, during the last ten years of his life, afflicted with aphasia. He remembered the realities and uses of things of which he could not recall the names. He would, therefore, for instance, speak of a chair as "a thing which supports the human frame;" and "the implement which cultivates the soil" was his equivalent for a plough. Dr. W. Ainslie Hollis, in referring to this matter in a letter to the Lancet, says: "This account of the ailment of the great American essayist is interesting from a medical standpoint, showing, as it plainly does, how an active brain will

overcome apparently insurmountable physical difficulties due to localized disease of its substance. In the present instance, I take it that this result was effected by utilizing circuitous efferent nerve tracts in the healthy region around the lesion"—a very ingenious theory on which to account for an evident fact.

DRS. A. JACOBI, of New York, and J. V. SHOEMAKER, of Philadelphia, have been having some correspondence growing out of remarks made by the latter at New Orleans, in opposing the report of the committee on the International Medical Congress. As DR. JACOBI is the only "new code" man on the general committee, he made a personal application of DR. SHOEMAKER'S remarks, and asked for an explanation. DR. S. attempted to dodge the issue, and the correspondence closed by DR. J.'s sending him his last letter back unopened. How deplorable it is that doctors will quarrel!

"The bulwark of our defense—the guiding-star by which the course of the grand organization should be steered—the Rock of Ages to which we should cling, and losing which we are forever overwhelmed and surely lost!" This is what the Texas Courier-Record of Medicine says the Code of Ethics is. It furthermore declares that those who are not defended by this bulwark, nor are led by this star, and who lose this rock, are medical eunuchs, neuters and hybrids, who, like Esau, have sold their birthright.

DR. RICHARDSON recommends, in his Asclepiad, the use of the sponge as a means of applying mustard. The paste is prepared in the usual manner, and a clean sponge is dipped into it. The sponge thus saturated is then wrapped in a handkerchief, and is thus applied to the desired part. By simply warming the sponge again and moistening it anew, the poultice may be renewed, its strength being perfectly preserved.

A story is going the rounds (who started it we do not know) at the expense of the young physician who is always so busy that he doesn't know what to do. "I have got more business than I can attend to," boasted he to an old practitioner who knew he lied. "I had to get out of bed five times last night." "Why don't you buy some insect powder?" quietly asked the old doctor.

The Atlanta Medical and Surgical Journal tells of a doctor who received a note from a lady, requesting him to come at once to see her brother, and to bring his urethra with him. As the doctor was never known to go out without that important instrument, he concluded that the lady had committed a heterophemy (*i. e.*, she meant one thing and said another), and he took also his catheter with him.

The two Detroit medical colleges are now one, the name of the new school being the Detroit College of Medicine—a sort of union of names, as well. The rearrangement of the faculties will be made forthwith, and thus got in readiness for vigorous work during the approaching fall session.

There were married, some time ago, at a dime museum on the Bowery, New York, a 596-lb. fat woman to the professional Albino of the show. The band, interested in the question of natural history suggested by the union, struck up the air, "What will the harvest be?" at the close of the ceremony.

A festive cholera microbe, recently arrived from across the water, has about concluded to set up in business in Philadelphia. It feels much at home there, the smell of the city reminding it so much of dear old Asia.

Book Notices.

A PRACTICAL TREATISE ON NASAL CATARRH AND ALLIED DISEASES.—By Beverley Robinson, A. M., M. D. (Paris), Clinical Professor of Medicine at the Bellevue Hospital Medical College, New York; Physician to St. Luke's and Charity Hospitals, etc., etc. Second Edition. Revised and Enlarged, with one hundred and fifty-two wood-engravings.
New York: William Wood & Co.
Detroit: John MacFarlane.

This second edition of DR. ROBINSON'S treatise contains an additional five chapters to those which made up the first edition. They are devoted, respectively, to Aural Complications of Catarrhal Inflammations of the Nose; Deflections of the Nasal Septum and Bony Obstructions of Nasal Passages; Ulcerous Coryza; Adenoid Vegetations at the Vault of the Pharynx; and Mucous Nasal Polypi. A number of wood-cuts have also been added, they making the illustrations very complete. Among them we are pleased to find cuts of a nasal speculum and electrodes, with handle, devised by DR. E. L. SHURLY, of this city, occupying positions made more prominent by the commendatory notices in the text. From our somewhat limited aquaintance with the advances in rhinology which have characterized the past decade, we should be disposed to accord the work before us a high place among those of its class. It deals carefully and minutely with all the affections to which the nose and pharynx are subject, and as the author quotes liberally from his own clinical experience, it has the practical air which strongly commends it. Its formulary is quite complete, and consti-

tutes a feature of the book. Ready-made prescriptions are not, as a rule, to be commended, the better, and only scientific method being to adapt the drug employed to the condition as it exists in a given case. It would seem, however, that an exception may very properly be made in the case of affections which are treated chiefly by topical applications. A criticism of the prescriptions as given, might be made on their construction. We are surprised to find in a book written by an A. M., such a mixture of Latin (sometimes bad) and English. "Zinci sulpho-carbolate" would, for instance, scarcely pass muster at the preliminary examination of a high-standard college. Invariably, also, the author uses the genitive ending in the case of the vehicle which he orders to be added q. s. to make a given quantity, as, for instance, "aquæ q. s. ad ℥ viij." This is a very common mistake in prescriptions, but that is not a sufficient excuse for an A. M. The "q. s. ad" throws the substantive aqua into the accusative, and "aquam" should take the place of "aquæ" in DR. ROBINSON'S prescriptions. It is in bad taste, too, to employ Latin and English names in the same prescription, and when the English name of a proprietary medicine appears in a formula in connection with the Latin names of a number of other drugs, the irritation is aggravated to intense pain. "Fiat pulvis" prevails throughout the book, when, any Latin scholar knows, of course, that it should be "fiat pulverem." A recognition of the work done by the committee on the last decennial revision of the U. S. P., in the matter of the names of drugs, would remove from the formulæ other just grounds for criticism. These errors do not, of course, detract from the real value of the book, but they do offend the eye.

MINOR SURGICAL GYNÆCOLOGY. A Treatise on Uterine Diagnosis, and the Lesser Technicalities of Gynæcological Practice, including General Rules for Gynæcological Operations, and the Operations for Lacerated Cervix and Perineum, and Prolapsus of the Uterus and Vagina, for the Advanced Student and General Practitioner. By PAUL F. MUNDÉ, M. D., Professor of Gynæcology at the New York Polyclinic, and at Dartmouth College; Gynæcologist to Mt. Sinai Hospital; Obstetric Surgeon to Maternity Hospital; Vice-President of the American Gynæcological Society, etc. Second edition, revised and enlarged, with 321 illustrations.

New York: WILLIAM WOOD & CO.
Detroit: JOHN MACFARLANE.

In the exigencies of general practice the physician finds a knowledge of the diseases peculiar to women becoming more and more necessary. The increasing number of gynæcologists proper derive their support very largely from a class of cases which the general practitioner must feel some humiliation in permitting to go out of his hands for treatment. While we believe in the propriety of the existence of specialists for the care of this class of affections, we maintain that the family physician too often permits them to go elsewhere for treatment or, undertaking to treat them himself, fails of that success which it is his duty to achieve. Undoubtedly the pernicious treatment of her sexual apparatus by the American woman is bearing an increasing fruitage of its legitimate kind, and unquestionably the American general practitioner has not received that education in relation to the diagnosis and treatment of those diseases, which their increasing prevalence demands.

The majority now in the harness may, perhaps, have witnessed the introduction of a FERGUSON'S or a bivalve speculum during their pupelage, but, if so, that was about the extent of special instruction in this direction. The later grists of M. D.'s have probably enjoyed better facilities, but their number as compared with the whole is small. The womb and its annexæ are a terra incognita to the average doctor, that is in so far as knowledge peculiar to the profession is concerned.

The best method for the removal of the ignorance above indicated is, of course, systematic, practical instruction at the hands of an experienced gynæcologist. This is, however, impracticable in the great majority of instances. The next best method is a work especially addressed to the physicians who have not enjoyed that privilege, by one who realizes their deficiencies in this line, and who is especially fitted to prepare such a work.

We have before us a work which answers precisely these requirements. To some DR. MUNDE'S instructions may seem in some instances superfluous, so minute are his descriptions of methods with which they have familiarized themselves, perhaps, without special instruction. The percentage of those among general practitioners will, however, be found to be small. The book is eminently a practical one, and well calculated to the ends for which it was written.

A SYSTEM OF PRACTICAL MEDICINE, By American Authors. Edited by WILLIAM PEPPER, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine, and of Clinical Medicine in the University of Pennsylvania. Assisted by LOUIS STARR, M. D., Clinical Professor of Diseases of Children, in the Hospital of the University of Pennsylvania. Volume II. General Diseases (continued) and Diseases of the Digestive System.

Philadelphia: LEA BROTHERS & CO.

We took occasion in noticing the first volume of this great work, to give an outline of the scope of the whole. The volume before us contains chapters on rheumatism, gout, rachitis, scurvy, purpura, diabetes mellitus, scrofula, hereditary syphilis, diseases of the mouth and tongue, of the tonsils, of the pharynx, of the œsophagus, functional and inflammatory diseases of the stomach, simple ulcer of the stomach, hæmorrhage of the stomach, cancer of the stomach, dilatation of the stomach,

minor affections of the stomach, intestinal indigestion, constipation, acute intestinal catarrh, cholera morbus, intestinal affections of children in hot weather, pseudo-membranous enteritis, dysentery, typhlitis, peri- and para-typhlitis, intestinal ulcer, hæmorrhage of the bowels, intestinal obstruction, cancer and lardaceous degeneration of the intestines, diseases of the rectum and anus, intestinal worms, diseases of the liver, diseases of the pancreas, peritonitis, and diseases of the abdominal glands (tabes mesenterica). The writers on these several subjects are all well known to the profession of this country, and their very names are a sufficient guarantee of the scientific and literary excellence of their contributions. The illustrations are twenty-seven in number. To give a detailed opinion of the large number of chapters above indicated, would be clearly impracticable within the limits of our space. It must suffice for us to state that an examination of the work as a whole, shows it to be clearly the best presentation possible by the American medical profession of the various subjects discussed. It is, moreover, no venture to say that no volume extant, regardless of the nationality of its writers, presents such a varied and rich collection of matter of professional interest. If there remains any doubt, anywhere, of the fact that the profession of this country is as fully abreast of the age in general medical knowledge, and in advance of the contemporary profession elsewhere in practical medicine, this volume must effectually remove it. The publishers, fully alive to the excellence of the work from a scientific and literary standpoint, have presented it in keeping. It contains 1,312 pages of royal-octavo size.

On the Wasting Diseases of Infants and Children. By Eustace Smith, M. D., London. Fourth Edition. New York: William Wood & Co.

This is the April number of Wood's Library. It contains 278 pages of the regulation size. It is divided into eleven chapters, in which are discussed simple atrophy from insufficient nourishment, chronic diarrhœa (chronic intestinal catarrh), chronic vomiting (chronic gastric catarrh), rickets, inherited syphilis, mucous disease, worms, chronic pulmonary phthisis, caseating of lymphatic glands, and diet of children in health and disease. The fact that the book has passed through three editions would seem to be a sufficient guarantee of its worth, even if the name of its distinguished author did not appear.

Medical Progress.

The Nature and Treatment of Alopecia Præmatura (early baldness).—In opening the discussion on this subject before the New York Dermatological Society, Dr. Piffard said that there were a few propositions which he would mention, and which he believed would be undisputed.

There is a very large proportion of cases of alopecia præmatura preceded by pityriasis, and it was to this form he wished to direct the attention of the members this evening. Pincus was the first one who called attention to the essential connection between pityriasis and alopecia præmatura. He called the disease alopecia furfuracea. Malassez and Chincholle pointed out that in the scales a definite fungus was found in all the cases that they examined microscopically. Dr. Piffard had verified these observations. At that time Dr. P. did not consider pityriasis to be due essentially to a fungus, and regarded the lesion as a constitutional, rather than a local one. More recently Lassar and Bishop demonstrated that alopecia præmatura could be transferred from man to brute, by taking the scales and hairs from a man, mixing them with vaseline, and rubbing the mixture into a rabbit's skin, and producing a similar lesion. Three or four years ago, Dr. P. had a dog who had mange, and by observing the lesion in that animal, he was satisfied that it was parasitic, due to a vegetable parasite, but not a trichophytosis. In the dog it commenced as a pityriasis, there was considerable irritation, and the animal almost tore itself to pieces, and a considerable amount of hair fell off. The condition was so bad that he thought of shooting the dog. He finally went to a dog-doctor, who gave him a mixture containing sulphur, tar, and turpentine. In less than a week the dog ceased scratching, and in six weeks the hair was growing.

Unna stated some time ago he had found sulphur, locally applied, to be of service in alopecia, and had been led to employ it from seeing a veterinarian use it in mange. Dr. P. thought that the mixture above mentioned might be of service to the human pityriasis and alopecia, and for some little time had used it with good effect; it had the disadvantage of possessing a disagreeable odor. It invariably stopped the pityriasis, and its use was frequently followed by a renewed growth of hair, that is, where the pityriasis was a constant feature of the case, but when pityriasis was not present, there was little or no benefit derived from its use. The question then occurred whether he could not obtain something to take the place of the sulphur and tar. Oil of cade was first used, and afterward oleum rusci, but it is difficult to obtain genuine oleum rusci; then oil of lavender and oil of eucalyptus were used, but it is also difficult to get the latter oil free from turpentine. Naphthol was also used without benefit. The preparation finally made use of was ℞ Picis liquidæ, Olei lavendulæ, aa ʒ i.; Olei pini sylvestris, ʒ vi., M., though in some cases, in the commencement, a little sulphur is employed.

Before concluding his remarks, Dr. P. said he wished to call particular attention to the following points:

Is the disease in its nature parasitic?

Are parasiticides the best remedies to combat the disease with?

If so, what are the best parasiticides?

Dr. Morrow remarked that the parasitic nature of the form of alopecia described by Dr. Piffard had not been satisfactorily proven.

He doubted whether there was a parasitic element present. Certainly it did not manifest the contagious characteristics of a parasitic disease, as it was not communicable under conditions of close contact, as in the case of persons sleeping together. While pityriasis of the scalp was commonly present or had preceded premature baldness, he had seen many cases of alopecia in which this condition had never existed. On the other hand, many persons have an abundant pityriasis whose hair is thick and luxuriant. He had used the combination of ol. rusci, ol. eucalypti, and ol. terebinthinæ spoken of by PIFFARD, but with negative results, possibly because the use of the preparation had not been sufficiently long continued. The treatment he commonly employed was the use of salicylated vaseline, two per cent. followed by the application of equal parts of coal-oil and alcohol.

DR. BRONSON said that he would take exception to DR. PIFFARD'S use of the term alopecia præmatura. He believed that the variety of alopecia known as præmatura, or *pre*senilis, corresponded precisely in its pathology to alopecia senilis, differing from it only in that the cutaneous atrophy to which it was due commenced at an earlier period than usual; while alopecia pityrodes, of furfuracea, was rather a disease essentially affecting the corneous structures of the skin, including both the hairs and epidermis. In one case, we have to do primarily with an atrophy of the deeper structures of the skin, while in the other the lesion was a form of keratolysis. He believed the disease under consideration to vary very little from seborrhœa sicca. He did not think that the parasitic nature of the disease was well made out, and that it did not follow the ordinary course of parasitic affections. He was in the habit of using remedies which produced an alterative effect on the skin, such as salicylic acid, sulphur, and mercurials.

DR. TAYLOR could not find a parasite in any of the forms of alopecia. He had used a bichloride-of-mercury solution, in the proportion of two grains to the ounce of water, after proper frictions with green soap, and had had excellent results, the hair growing and the pityriasis disappearing.

DR. JACKSON said that the experiment of LASSAR and BISHOP, and the observations of MALASSEZ and others, would seem to indicate the contagious and possibly parasitic nature of alopecia furfuracea or pityrodes. It should be remembered, however, that another French observer had claimed to have found upon a napkin, hung up in a damp corner of his laboratory, fungi identical with that of MALASSEZ. As yet, the contagiousness of alopecia is not proven. In regard to treatment, he had obtained excellent results in a number of cases where there was thinning of the hair, with marked pityriasis, from the use of an ointment composed of one part of sulphur lotum to seven parts of vaseline. At first this was rubbed into the scalp every night; later, every second or third night, and thus gradually decreased. Besides this, he directed the patient to wash the head every week with the tincture of green soap.

Though not included under the heading for the discussion for the evening, he would say that he recently had had the satisfaction of seeing the hair grow upon the patches of alopecia areata in a case under his care, after two week's use of a wash of three parts of corrosive sublimate to 1,000 parts of water, rubbed in twice a day. He recognized the fact that in this disease the hair came in its own good time with or without treatment, and did not wish to claim too much credit for the remedy used. He likewise had had good success in two cases of alopecia areata from a twenty-per-cent. pomade of jaborandi, rubbed in twice a day. This pomade he had also used in alopecia præmatura, but without benefit.

In regard to the mange, he had greatly benefited one case occurring in a mastiff by the use of oil of tar. The disease was of the dry, slightly scaly variety spoken of by DR. PIFFARD. The case passed from his observation, and he could not say what the final result was.

DR. SHERWELL said that he had never noticed the connection betweed pityriasis and alopecia, nor had he recognized its parasitic nature. In treating premature baldness he often used tarry preparations, and had employed a mild chloride-of-mercury solution, not for its parasiticide action, but because it possesses the property of stimulating the glands and increasing the proliferating power of the hair-follicles.

DR. ALEXANDER said that, some time ago, he had been asked to see the llamas in Central Park, which were suffering from a form of alopecia, the hair falling in tufts. In the scales at the bottom of the tufts he found a parasite resembling the acarus scabiei.

DR. STURGIS believed that baldness might arise from pityriasis without there being any parasite. He believed that many dog fanciers held that mange was not a parasite, and a common remedy with them was turpeth mineral, the subsulphate of mercury; this was of decided benefit, because of the stimulating and parasitic properties which it possessed. He said that it was difficult to believe that mange could be transmitted from one dog to another, if it were merely a pityriasis and not of parasitic origin.

DR. KEYES said that he was inclined to believe alopecia præmatura to be hereditary in some families, and mentioned a family in whom the father and two sons became bald at an early age, always in the same places. Now, if disease were parasitic, it seemed to him that the parasite must have some peculiar method of selecting identical situations in different individuals. In the persons mentioned, pityriasis preceded the falling of the hair, and there was pityriasis of the beard, but in the latter situation the hair was very thick. The female members of the family had luxuriant heads of hair. He had tried various remedies, among others hypodermic injections of pilocarpine, one-fifth of a grain of the muriate, with no effect on the growth of the hair.

DR. ROBINSON did not think that it was absolutely proven that the lesion depended upon the presence of a parasite. He believed that the scaly condition seen in cases of alopecia præmatura was due to the condition of the patient, and also that the sebaceous glands are affected in the disease. He had used sulphur, according to the method advocated by UNNA without benefit, and also given general treatment.—*Journal of Cutaneous and Venereal Diseases*, June, 1885.

PISCIDIA ERYTHRINA.—By DR. A. LEGOY, of the Therapeutic Laboratory of the Hospital Cochin.—The first authors who investigated this remedy regarded it as a powerful hypnotic. LEGOY, neither in his experiments, nor his clinical observations, could find the slightest reason for this assertion. Piscidia erythrina causes sleep by subduing pain. It has been compared to bromide of potassium; the similarity, however, is more apparent than real. While bromide of potassium is not able to subdue sleeplessness caused by pain, and is only effective under such circumstances when the insomnia is the consequence of nervous excitement, or due to over-exertion, piscidia will be effective where bromide potash refuses to act, and *vice versa*. Piscidia is, therefore, not a real hypnotic which can be compared with chloral and bromide of potassium. It is a simple sedative.

This sedative action of piscidia indicates its use in all cases in which agrypnia forms one of the principal symptoms, and especially when the same is caused by pain. SEIFERT and DUJARDIN-BEAUMETZ use piscidia also in affections of the respiratory organs, in bronchitis, and tuberculosis, especially when the patients, on account of coughing, are prevented from sleeping. The results are, however, not above criticism. The improvement in sleeplessness goes, nearly always, hand in hand with an improvement in the condition of the lungs.

DR. FIRTH used the remedy with the greatest success in several cases of delirium tremens. LEGOY has had no opportunity for this application; he saw, however, several patients with chronic alcoholism, who behaved well under the application of the remedy.

DRS. J. SCOTT and M. GROTZ have used the remedy in psychiatric practice successfully. LEGOY believes that it might have a good effect with paralytics with maniacal excitement. In certain cases of neuropathy, especially in neuropathy with gastric disturbances, he observed, frequently, that the pain was decreased under the influence of the remedy. The nights became more quiet, with a remarkable improvement in the general state of health. HUCHARD and LANDOWSKI obtained good results in the great painfulness of dysmenorrhœa. In the lancinating pains of tabes dorsalis the remedy was useless. In neuralgia piscidia has been used by several authors with good effect. LANDOWSKI observed a neuralgia of the teeth disappear after treating it several days with piscidia, and FORD cured, in a short time, two cases of severe facial neuralgia; he reports that the pains began to subside in half an hour after giving the remedy.

HUCHARD, who has made many experiments with the remedy, and who uses it generally in combination with viburnum prunifolium, saw severe lumbo-abdominal neuralgias disappear after treatment during a few days. In a case of ischia the success was very remarkable.

LEGOY obtained, also, excellent results in one case each of lumbo-abdominal neuralgia, facial neuralgia, and cervico-brachial neuralgia. In the last case the pain decreased considerably after six days' treatment—in such a manner, indeed, that the patient only felt a tingling in the fingers, and could, in a short time, use his arms the same as before the affection.

In a case of intestinal neuralgia the success was not as complete, though the improvement was remarkable.

Administration and dose.—As chemists have not yet separated an alkaloid, piscidia can not be used hypodermically. All authors, and also DUJARDIN-BEAUMETZ have used the remedy so far per os. There are three different preparations of the remedy, namely, the powder, the fluid extract, and the alcohol tincture. In powdered form it could be prescribed as follows:

Corticis piscidiæ erythrinæ pulveris, 4.0.
In doses octo., 4 times daily.

LEGOY has used the powdered frequently, but was not very much pleased therewith. He much prefers the fluid extract, which has the advantage of representing exactly the drug minim for grains. He generally prescribed 3 or 4 grammes, but has seen DUJARDIN-BEAUMETZ exceed this amount, gradually, without causing any disturbances. It was not observed, however, that by the increase of the quantity the effect became either stronger or quicker.

The fluid extract can be given pure, or in combination, as follows:

1st. Extract piscid. erythrin. fluid, 10.0.
Syrup. cort. aurant., 20.0.

M. S.—Daily 1 to 3 coffeespoonfuls. Each coffee-spoonful contains 1.50 of the extract.

2d. Extract. fluid. piscid. erythrin., 20.0.
Aquæ distill., 50.0.
Syrup. simpl., 50.

M. S.—Daily 1 to 2 teaspoonfuls, containing 2.50 extract carb.

Piscidia can also be given in the form of an alcoholic tincture, 40 to 50 drops daily, diluted in solution. With the tincture the best results were obtained. According to HUCHARD it might be prescribed:

Tinct. alcohol. piscid. erythrin.
Tinct. viburn. prunifol., aa. partes æquales.

According to the symptoms that have to be overcome, the different preparations should be given in large or fractional doses.

The success attending the exhibition of the drug is not, however, as constant as might be expected. The great drawback lies in the difficulty of obtaining the genuine piscidia. There are several varieties. The most effective one is the piscidia erythrina of Jamaica, or the Jamaica dog-wood of the English. Besides, the active principle is not equally distributed in the plant. The bark of the root is more effective than that of the tree. Therefore, the extract or the tincture of cort. rad. piscid. erythrina should always be used.—*Bull. Gen. de Therap.*, 2. *hft.*, 1885.; *Centralblatt f. d. gesammte Therapie*, April, 1885.

NEW REMEDY FOR CHOLERA.—By SHAMSUDIN J. SULEMANI, L. M., Bombay.—During the latter part of the epidemic of cholera, which broke out in July last, at Baroda (a town in India), five marked cases of this disease were treated with jadvari khatai, papita, narjili

daryai, and cardamom seeds; four of these were cured and one proved fatal. The above-mentioned four drugs were mixed and given in ten-grain doses to adult patients every hour or two, according to the severity of the symptoms; in each case three or four doses were used. The following are the notes of the cases in question:

CASE 1.—A girl of about twelve was attacked with cholera at 1 a. m., and seen by me at 6 p. m. the same day. Her body was cold, pulse almost imperceptible, eyes sunken, frequent purging, stools watery and copious, and of the color of rice water. There was suppression of urine of twelve hours' standing. Before I saw her she had been given chlorodyne and stimulants, but without effect. Three doses of the above medicine were administered to her, the second dose being given one hour after the first, and the third after two hours. Soon after the administration of the first dose purging diminished and the pulse became perceptible; the second dose was followed by marked improvement, and the extremities and the trunk became gradually warm. She voided urine some two hours after the third dose, and was then out of danger.

CASE 2.—An adult male commenced purging and vomiting at 6 a. m., and was treated with chlorodyne and stimulants, but without relief. I saw him at 5 p. m. the same day, and found him much exhausted. His eyes were sunken, extremities cold, and pulse hardly perceptible. Vomiting was incessant, and he could scarcely retain medicine or water, and had cramps. He had not passed urine for about eight hours. Sinapism to the epigastrium did not check vomiting, and so a mixture of equal parts of laudanum and chloroform was sprinkled over a piece of lint, which was applied over the pit of the stomach for about five minutes, though not continuously, and it stopped the vomiting. Immediately after this the medicine above referred to was given, and he gradually improved. It was repeated twice at the interval of two hours, and he passed urine and recovered.

CASE 3.—A woman aged twenty-five began to vomit and purge at 6 p. m., when chlorodyne and some other medicine were administered, by which vomiting was checked, but purging continued unabated. The next morning, at 11 o'clock, I was called to see her for the first time. She could not speak, but opened her eyes when shouted to. She had not passed urine since the attack commenced. The whole body was cold, and there was no pulse; even the beating of the brachial artery could not be felt. Now and then cold perspiration broke out. Two doses of the above medicine were given, but there was no effect. Subsequently some other treatment was adopted by another medical gentleman, but the patient died at about 5 p. m.

CASES 4 and 5.—The remaining two cases had well-marked symptoms, and showed signs of improvement after the first dose; they were ultimately cured by two subsequent doses in one case, and by three in the other.

I may observe here that in all these five cases no food was allowed while vomiting and purging continued. Sinapisms to the epigastrium (for checking vomiting) and friction and warm bottles to the extremities were ordered. As regards the medicinal properties of the above-mentioned drugs, I beg to state that the first three are said to be tonic, and recommended in Makhzanuladviya for cholera; cardamom seeds act simply as carminative. Their botanical names and the natural orders to which they belong are as follows:

NAME OF DRUG.	BOTANICAL NAME.
Jadvari knatai.	Delphinium denudatum.
Papita.	Strychnos ignatii.
Narjili daryai.	Lodoicea seychellarum.
Cardamoms.	Elettaria cardamomum.

NATURAL ORDER.

Ranunculaceæ.	Loganiaceæ.
Palmeæ.	Zingiberaceæ.

These drugs are mentioned by DR. W. DYMOCK in his "Vegetable Materia Medica." Narjili daryai has a very hard kernel, and requires to be filled before it is finely powdered

It is obvious that the number of cases in which this new remedy was tried is too small to enable one to judge of its value; however, it deserves a further trial.—*London Lancet.*

EUCALYPTUS IN TYPHOID AND OTHER FEVERS.—The current number of the Practitioner contains a paper by MR. LEIGATON KESTEVEN, of Australia, giving the results of an extended trial of the oil of eucalyptus, administered internally. Entering upon practice in Brisbane, Queensland, during the prevalence of typhoid fever as an absolute epidemic, attended with a proportionate mortality, the author gave eucalyptus in every case of the disease which came under his care, to the number of 220, within a period of about eighteen montns. Among these there were only four deaths, each of them under very unfavorable circumstances.

The dose was ten minims every four hours. Without being absolutely nauseous, the medicine was found not to agree well with all stomachs; but this difficulty could be entirely overcome by careful emulsification, and the addition of half a drachm each of aromatic spirits of ammonia, spirits of chloroform, and glycerin, the latter entirely removing the rough, semi-resinous taste of the oil.

The effects of the medicine are, in brief, the following: 1st. A steady and permanent reduction in the force and frequency of the pulse—a result brought about, in some cases, with almost marvellous rapidity. 2nd. Lowering of the temperature. This occurs less rapidly, and may, perhaps, be entirely secondary to, and dependent on, the lowering of the pulse. 3d. The beneficial effects on the tongue is very marked, almost immedietely relieving the distressing dryness so universal in typhoid, and removing the thick brown coating, leaving but proportionately little fever, and frequently cleaning the tongue entirely in a very short time. 4th. The skin, along with the reduction in its temperature, becomes moist and soft, in contrast with the dry hot skin so frequent and persistent, conferring a corresponding increase of comfort to the sufferer, who has previously felt as if his skin had been drawn tight all over his body. This alone is a boon to the patient of no small import.

Diet and nursing were carefully attended to in every instance—so that MR. KESTEVEN was at times almost tempted to doubt whether any medicine was really required, until, in different cases, he put it to the test by suddenly discontinuing the remedy, when all the unfavorable symptoms would return directly, and the experimenter would be "reconverted, confirmed in his faith." He also contends that, "given the same number of cases, and the same dietary and other measures without the eucalyptus, you will not, and have not hitherto, obtained a rate of mortality which—taking the nature of the four fatal cases into consideration—is practically *nil*," and he urges that a more thorough investigation should be instituted and the results be published.

As to the *modus operandi* of eucalyptus in these cases, his idea is that it acts simply "as a germicide, striking at the root of the mischief, thereby depriving the fever of its power. Of course, on the other hand, it may be similar in its action to alcohol (as advanced by SCHMEIDEBERG) by retarding the oxidation, or by dilatation of the cutaneous vessels extending the cooling area, as FOTHERGILL has it; or by some effect upon the nervous system; but by whichever mode it acts, its true properties remain to be demonstrated. The extraordinary shortness of the duration of the fever which it effects are most notable. I have, as a matter of practice, kept my patients in bed for the traditional twenty-one days, but under its effects the duration of the fever has been that length in but very few cases, the tenth day being just as often the termination of the elevation of temperature."

"Experimentally, I have given this drug in two or three cases of pneumonia, with the most marked benefit."—*N. N. Med. Times.*

ON THE EFFECTS OF CASCARA SAGRADA UPON THE SECRETION OF THE DIGESTIVE JUICES.—Preliminary communication by M. TSCHELZOFF, from the clinical laboratory of His Excellency, PROF. S. P. BOTKIN, at St. Petersburg: Cascara sagrada is a new remedy which has been examined and its actions especially observed by American physicians. Thus, in the year 1878, DR. BUNDY, as one of the first, published in New Preparations the results of his investigations into the action of cascara sagrada. The results of these experiments were the following; the remedy acts well:

1st. In cases of dyspepsia, as an "amarum."

2d. In diseases of the liver, if the secretion of bile have been diminished, and

3d. With specially good results in habitual constipation, in which it causes no debility of the intestines whatever.

Many observations of other American and European physicians have confirmed these statements. During the last year PROF. BOTKIN proposed to me to experiment with cascara sagrada in cases of disease and, if the results should prove favorable, to examine the action more thoroughly on animals. As the effects in cases of disease were marked, I undertook a more detailed examination of the remedy by experimenting therewith on dogs. I obtained the following results:

1st. As a quickly-acting cathartic, cascara cannot be applied, at least it is difficult to procure quick and drastic defecation with it.

2d. If the latter could be produced it was not marked and could not be obtained otherwise than by introducing the cascara sagrada into the stomach in large doses (25 to 30 cubic cctm. fl. ext.) Introduction of the remedy directly into the blood under the same conditions had no effect.

3d. The introduction of the remedy into the stomach has no effect upon the secretion of the saliva.

4th. Cascara sagrada excites the secretion of the gastric juice and increases the same during digestion.

5th. It increases the secretion of the abdominal glands.

6th. It excites the secretion of bile.

All these results were obtained by introducing cascara sagrada into the stomach, the drug being commonly given in the dose in which it was given to patients, namely, one part of cascara sagrada and two parts of water.

When directly introduced into the blood current, the fluid extract of cascara sagrada proved to be by no means an indifferent remedy. The effects were the following:

1st. The general well-being of the animals was strongly affected, the recuperation slow: in some cases death occurred quickly.

2d. The blood-pressure quickly decreased, not only in dogs in their normal state but also with those in which the vagus was severed.

He never obtained this result when cascara sagrada was given into the stomach or under the skin, so that the decrease of the blood pressure can almost with certainty be ascribed to the clogging of the cardiac vessels by small coagula which arise from the introduction of cascara sagrada into the blood.

The effect of cascara sagrada upon the digestive power of the stomach—and pancreas—juices, and upon the peristaltic action of the intestines, as well as the comparative effect of it, as compared with rhamnus frangula, aloes, rhubarb, etc., will be further investigated.—*Centralbl. f. d. Med. Wissensch*, April 25, 1885.

TREATMENT OF ECZEMA.—HENRY J. REYNOLDS, M. D., Professor of Dermatology in the College of Physicians and Surgeons, of Chicago, read a paper at the Illinois State Medical Society, of which the following is an abstract:

He said an intelligent knowledge of the principles upon which treatment should be based always suggests the form of treatment that will be applicable to each case regardless of its name or location. The pathological condition being absolutely identical in no two cases, so the treatment must always vary, and a knowledge of specified lines of treatment or combinations of drugs said to be useful with a neglect of consideration of the principles upon which the treatment should be based in each individual case, in this, as in all other diseases, is liable to mislead. Therapeutically speaking, he regards the disease as always either acute, sub-acute, or chronic, regardless of its clinical name or location, and arranges the treatment accordingly.

In the acute, as in all other acute inflammations, the great principle necessarily involved, is *rest*, which implies not only quietude of the member or part, but *rest from all irritating influences*, as scratching, irritation of lice,

friction, dirt, incident to the calling of the individual, too frequent washing, etc. Soothing and protective measures, therefore, are indicated in this stage, among which may be mentioned Carron oil, poultices, etc.

In the sub-acute, as in all other stages and forms, scratching must be strictly prohibited, as it is the most fruitful of all sources of aggravation.

He uses in this and the chronic conditions (either of which may at any time develop acute symptoms and require the treatment changed accordingly) pure, impalpably fine boracic acid as a dusting powder; having first gotten rid of crusts and scales by soaking with oil and washing with soap and warm water. In the chronic, however, he uses stimulating measures, in in the way of green soap frequently rubbed in during washing. To relieve intense itching he has found nothing so effectual as a first-class letting alone.

He thinks bandaging and strapping advisable whenever practicable, and prefers the cotton roller to the rubber where there is much exudation or maceration of the skin. He reports two cases of 12 and 14 years' standing, respectively, of eczema rubrum of the leg associated with varicose veins and ulcerations, where many remedies had been tried without success, that he cured by the application of boracic acid and bandaging, and a saline laxative internally.

He says as certain constitutional conditions predispose to the disease, and therefore necessarily aggravate or prolong it when once established, these conditions must be sought after and be corrected.

He has but little faith in the popular skin remedy, arsenic, in this or any other disease; all he knows *positively* of the remedy is that you *can* do harm with it. Chrysarobin, internally, as recommended by STOCQUART, he has tried without any benefit.

EUPHORBIA PILULIFERA AND ITS USE IN ASTHMA.—DR. MARSET, of the Therapeutical Laboratory of the Hopital Cochin, says: Euphorbin, the active principle of euphorbia pilulifera, is soluble in water and dilute alcohol, and insoluble, or but slightly soluble in ether, chloroform or spirits of turpentine. Even in small doses, it has on animals a toxic effect, and kills them by arresting the respiratory movements and the heart-beat. In the beginning these are increased, but gradually decrease. It has no cumulative effect. It seems to act directly upon the respiratory centre and on that of the heart's activity, and is secreted through the liver.

Locally applied, it is without effect upon the skin and mucous membranes, and is an irritant only to the membranes of the stomach. In cases of dyspnœa, with asthma, emphysema, and chronic bronchitis, it gives excellent results. For this purpose it must be given in daily doses which represent one gramme of the dry plant, and must be taken in an ample watery vehicle and before meals.

In all cases of asthma in which MARSET had opportunity to use euphorbia, he obtained good results. With some patients, the result was quick and lasting. It seems to act best in attacks of spasmodic dyspnœa. In the dyspnœa due to valvular cardiac deficiency, DR. M. has not used the remedy. DR. TYSON, however, has employed it in such cases with good results. The remedy does not act either on the cough or the expectoration of chronic bronchitis.

The aqueous or hydro-alcoholic extract is a good preparation, and easily transported. MARSET has never given more than ten centigrammes a day. Usually five centigrammes caused a marked effect.

The dry plant may also be used for making a decoction. DR. TYSON recommends fifteen grammes of the dry plant in two litres of water, and adds 50 to 60 grammes of alcohol to preserve the decoction. Dose, three to five wineglassfuls per day.

In the service of DUJARDIN-BEAUMETZ, the tincture has been given, frequently, in doses of ten to thirty drops. One gramme of the tincture represents five grains of the plant. The only preparation which can be procured in commerce in France, is the syrup, prepared by PETIT, one spoonful of which contains five centigrammes of the extract. The syrup is very pleasant and keeps well, but MARSET thinks its percentage of extract is too small.—*Bull. Gén. du Therap.*, March 15, 1885.—*Centralblatt für die Gesammte Med.*, April, 1885.

[Euphorbia pilulifera has been subjected to a trial in this country, and the reports are calculated to encourage its further use. The fluid extract, as made by PARKE, DAVIS & CO., is an eligible preparation, and may be given in the dose of half a fluidrachm to a fluidrachm. ED. MEDICAL AGE.]

NOTES UPON GLYCERIN.—Of the thousand and one uses to which we put this article of materia medica, the following may be of special interest because of the simple and harmless nature of this substance:—In one drachm doses it acts as a safe emetic for infants and young children, and in combination with syrup of rhubarb prevents the astringent after-effect of this usual remedy. A small quantity vaporized alleviates in a great measure distressing coughs when the vapors are inhaled. In combination with a little tincture of iodine and iodide of potassium it has been prescribed with marked benefit in phthisical complaints. When ferric chloride astringent compounds of iron are administered for a long time, the glycerin prevents the iron exerting its powerful astringent action to a great extent; it should, however, be borne in mind that after a time reduction from the ferric to the ferrous state takes place, as was shown about three years ago in a paper read before the Pharmaceutical Conference, by MR. SCHACHT, of Clifton. In combination with rum and a little flavoring agent, it has been used in place of cod-liver oil. With chloral hydrate, camphor, alcohol, and oil of juniper, as a liniment, it has been used for rheumatism, for which it is well adapted, giving temporary, if not permanent relief, to that kind of rheumatism which can be reached by external application. Glycerin is said not to be absorbed by the skin, and is, therefore, recommended as a basis for such powerful medica-

ments as mercuric chloride, for the treatment of such skin diseases as scabies, etc. One and a half drachms of this chemical dissolved in 3 f. oz. of glycerin is recommended as a useful application for scabies. Equal parts of glycerin and castor oil, when blended well together, forms an opaque emulsion-like mixture which acts as a mild and effectual aperient in one drachm doses. The efficacy of the castor oil is increased and its disagreeableness masked in no small degree. A mixture of extract cascara sagrada, tincture of belladonna, tincture of nux vomica, and glycerin, in suitable proportions, forms an admirable combination as a gentle tonic laxative. Glycerin is a powerful solvent, and is capable of taking up one-sixth its weight of alum, which combination has been so recently recommended in the journals as a concentrated astringent solution to be kept at hand.—*Birmingham Med. Review.*

FOREIGN TESTIMONY TO THE VALUE OF AN AMERICAN DRUG.—At a recent meeting of a prominent London medical society, reported in the British Medical Journal, April 11, 1885, DR. REID read a paper upon the value of cascara sagrada. After discussing the opinions of different writers on the subject, and commenting on the fact that very little had been written about the action of the drug, DR. REID gave the opinions he had formed of it from an analysis of thirty-three cases, in which he had taken careful notes. He found,

1. That the result was all that could be desired in twenty-seven cases of obstinate and habitual constipation, complicated in many cases by various forms of dyspepsia, and in people usually of sedentary habits, more especially females.
2. That the effect was most beneficial in three cases of hæmorrhoids.
3. That the drug was of no service, even in very large doses, in one case of obstinate constipation, although it did not cause pain.
4. That it had to be discontinued in two cases on account of its causing pain and sickness.

The conclusions arrived at were as follows:

1. Cascara sagrada was a most useful remedy, both regarding its immediate effects and after-results in obstinate and chronic cases of constipation.
2. It was better to prescribe it in continuous small doses rather than in occasional large ones.
3. Cases were met with in which, even in large doses—at any rate, in the form of the fluid extract—the drug had not been of service.
4. No rule could be laid down by which one could ascertain previously whether the drug would suit or not; but, when pain was produced, in all probability it was owing to too large a dose being given.
5. It was of great service in cases of hæmorrhoids, when other aperients had failed.

CAUSTIC POTASH IN THE TREATMENT OF CANCER OF THE CERVIX UTERI.—DR. HERBERT SNOW read a paper on this subject before the Medical Society of London, in which he reviewed the statistics of extirpation of the uterus, and showed the severe mortality which followed the abdominal or vaginal operation. In many cases, the *écraseur* was unable to remove the whole of the disease of the cervix uteri. The actual cautery had too superficial an action to be of any great service. Chloride of zinc caused much pain and distress, which lasted a long period. These objections did not hold with regard to potassa fusa. Half an hour or an hour was recommended to be spent in the employment of successive sticks of potassa fusa, for the treatment must be thoroughly carried out. None of the cases suffered from peritonitis; and, unless the patient got up too soon after the operation, nothing distressing need be feared. All these cases were greatly benefited, and no alarming symptoms were encountered. Fixation of the uterus and infiltration of the vaginal wall were regarded as prohibiting the employment of this method of treatment. It was only by degrees that he had ventured to apply the caustic so freely as he now advocated. He illustrated the paper by narrating several cases in which the treatment had been adopted. The object of the paper was to show that potassa fusa could do all that the vaginal cutting operation could perform, without running the risk of the severe operation.—*Brit. Med. Jour.*

PEREIRINE—A NEW RIVAL OF QUININE.—A possible rival of quinine in paludal or miasmatic fevers, according to DR. FERREIRA, of Brazil, is the hydrochlorate of pereirine, an alkaloid derived from the inner bark of the pear tree. In a communication to the Uniao Medica de Rio Janeiro, DR. FERREIRA gives the history of several cases of intermittents which had resisted every other form of treatment—quinine, arsenic, iodine, etc., but which readily yielded to pereirine given to the extent of 30 grains daily.

DR. BAKER, of Macahe (Brazil) also reports similar results, and declares it to be his belief that the new alkaloid is destined to be of immense service in those regions cursed with malaria. The remedy, says DR. BAKER, is especially valuable in those cases upon which quinine and its salts have failed to make an impression.

The physiological action of hydrochlorate of pereirine was studied as long ago as 1877 by M. M. DE FREYTAS and BOCHEFONTAINE, in Paris. They found that when administered in large doses to animals it paralyzed both voluntary and reflex movements, death ensuing shortly after complete paralysis was effected.—*National Druggist.*

NON-VESICATING CROTON-OIL.—An important discovery seems to have been made by Mr. HAROLD SENIER, of the London Chemical Society, to judge from an abstract given in a recent number of the Lancet, of a paper read by him at a meeting of the Pharmaceutical Society. It amounts to nothing less than that croton oil may be separated into two different oils by the action of alcohol, one of which is irritating, but not purgative, and the other purgative, but not irritating. When alcohol of the specific gravity of 0.794 to 0.800 is added to croton oil in the proportion of seven or more

volumes to six, the oil separates into two parts —one of them (the vesicating oil) dissolves in the alcohol, and remains soluble in alcohol in all proportions; the other (the purgative oil) separates, and is then found to have become insoluble in any proportion of alcohol. This insoluble oil is said to be a safe and pleasant purgative, free from any undesirable action, in doses of one-tenth to one-half a minim, in the form of pills made with magnesium carbonate and extract of henbane, as excipients.—*New York Medical Journal.*

A NEW SALT OF COCAINE.—DR. L. CONNOR (Detroit Lancet) says that he has been experimenting with a new salt of cocaine. It is a combination of hydrobromic acid with cocaine. It appears as slender, translucent crystals of snowy whiteness. On experimenting with a four-per-cent. solution it was found that anæsthesia of the eye was produced more rapidly than with any of the other salts of the alkaloid, and that its effects were greater from the same amount of solution used. DR. LYONS, chemist for PARKE, DAVIS & CO., was led to make this combination in the hope that the sedative properties of bromine would increase the anæsthetic effect of the cocaine. Further observations are needed to verify the results obtained by DR. CONNOR, but the combination would seem to be a most happy one.—*Louisville Medical News.*

BARBASCO.—DR. L. EMMELHEINZ writes from Las Vegas to the Medical World in praise of barbasco, an indigenous plant of New Mexico and Arizona, which he recommends as a substitute for quinine, and also states that in small doses it is an excellent laxative, and in larger ones a drastic cathartic, producing much griping. The pulse and temperature fall under its influence, but it produces no head-symptoms like quinine. Although it has proved useful in intermittent and remittent fevers, the action is so different from quinine that it is hardly probable that it will ever effectually supersede it, although it is much cheaper. The fluid extract is made from the recent herb; the dose of which is from 10 to 20 drops in a teaspoonful of water every two to six hours.—*Philadelphia Medical Times.*

ETHER SPRAY IN VOMITING OF PREGNANCY. —A writer in the London Medical Record relates the case of a young woman seized with vomiting of pregnancy, and which resisted all the usual forms of treatment, for three months. After everything that had been suggested had been tried in vain, ether spray was directed upon the epigastrium, the result being instant relief. After the first application the vomiting ceased, and on being threatened with it again a month or so later, the ether treatment was reapplied with permanent relief to the patient. —*National Druggist.*

PISCIDIA ERYTHRINA.—The same author (Ibid.) employs this drug as a sedative, making use of the following preparation:

Fl. ext. of Piscidia erythrina, 5 drachms.
Sugar q. s.

Dose, one to three teaspoonfuls daily.

HUCHARD prefers this mixture:

Tincture of piscidia,
Tr. viburnum prunifolium, } equal parts.

Dose, one to two drachms daily.

—*New York Medical Journal.*

TERPINOL.—DUJARDIN-BEAUMETZ ("Bull. gén. de thérap.") commends this derivative of terpene, which, he says, is rapidly eliminated by the pulmonary mucous membrane, and tends to dry up excessive secretions. The following combination has been suggested by TANRET:

Terpinol,
Benzoate of sodium, } each 15 grains.
Sugar, q. s.

Divide into ten pills, all of which may be taken within 24 hours in bronchial affections.

ASTHMA RELIEVED BY SMOKING EUPHORBIA PILULIFERA.—In the Australasian Medical Gazette for May, 1885, W. H. OWEN, L. K. Q. C. P. I., reports the following case, viz: "I have made use of euphorbia pilulifera in a case of asthma (directing my patient to smoke it) with most marked and prolonged relief. I had previously tried several pharmaceutical remedies in this case, without relief, before using the herb as aforesaid. I had also made a trial of the concentrated essence of euphorbia pilulifera, but did not obtain any satisfactory results.

CACTUS GRANDIFLORUS IN CYSTIC IRRITATION.—We desire to call the attention of our readers to this particular use of this agent.

In some obstinate cases of which we are knowing, it has done remarkably good service. And this, when some of our best accredited remedies have failed.

The dose should be small, not more than a dilution of the third decimal.—*Cal. Med. Jour.*, June, 1885.

TROCHES OF HÆMOGLOBIN.—DENCZUR, in Dtsch. Med. Ztg., reports upon the hæmoglobin treatment as carried on in VON ZIEMSSEN'S clinic. Troches were prepared from ox-blood. The daily amount of hæmoglobin given was about twenty-five grains. Not only was there a marked improvement in the cases of anæmia thus treated, but no gastric disturbance was observed, such as follows the administration of large doses of iron.—*N. Y. Med. Jour.*

INOCULATION AGAINST CHOLERA.—It is interesting to learn by the cablegrams that over 4,700 persons have been inoculated with cholera microbes by DR. FERRAN in the province of Valencia as a preventive of the disease. The new system is said to be entirely successful, and the epidemic is disappearing. DR. FERRAN intends to visit England within a few weeks.—*Med. and Surg. Reporter.*

The Medical Age.

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Original Articles.

THE TREATMENT OF CHOLERA ASIATICA.*

BY DAVID INGLIS, M. D., PROFESSOR OF DISEASES OF THE MIND AND NERVOUS SYSTEM, DETROIT COLLEGE OF MEDICINE.

When we enter upon the consideration of this subject, the first thought which must occur to many, if not most of us, is that we wish to prepare ourselves for meeting an enemy whom we never met before. We feel a natural diffidence in speaking about these things with which we have hitherto had no personal experience, and are, therefore, in a position where we must of necessity accept the authority of others.

It will be well, if the time comes when we are having our own opportunities for observation, that we join to the knowledge of others the personal element which comes from an appreciation of those principles of medical science which underlie all forms of treatment.

Thus shall we be able to treat each individual patient with greater hope of success and avoid falling into routine treatment. Such routine treatment in grave diseases tends to disastrous results.

When we come to consider the subject before us, the first question which arises is, what is it which we have to accomplish by treatment?

Primarily, it is the care of the patient as a whole, but in this, as in many other diseases, we have a variety of differing conditions demanding in different patients prompt and immediate attention.

Inasmuch as the disease is, in many cases, preceded by a diarrhœa, or looseness of the bowels not marked enough to be called diarrhœa, the very general consensus of opinion is that such diarrhœas should invariably be treated by promptly checking them. From all the testimony I have been able to gather, and and from what would seem to be a rational application of principles, the purgative, notably, the castor-oil plan of evacuation, ought to be sedulously avoided. I cannot do better than quote from DR. MCNAMARRA. He writes:

"With regard to castor oil, I was acting as "house physician to Kings College Hospital, "when DR. G. JOHNSON was treating his chol-"era patients on eliminative principles. I "caught some of his enthusiasm and came out "to India full of confidence and hope in castor "oil. These ideas were destined soon to pass "through a severe ordeal, for in the following "year I was left in charge of a field hospital. I "was the only medical man in the place when "the cholera broke out among the Europeans "and natives under my care. I went boldly to "work with castor oil, but it absolutely and "completely failed; the mortality from the "disease was fearful.

"I have since, on several occasions, tried castor oil in cholera, but I have now finally abandoned it, having never seen any benefit arise from it."

I have thus brought up the evacuant plan of treatment, as it brings us at once to consider the treatment by removal of cause, the evacuant plan being based upon the idea of there being a materies morbi in the intestines, the getting rid of which ought to prove of benefit.

It is not possible, in considering the causal treatment of the disease, to avoid some reference to the nature of the morbific material. There are some facts undisputed about this. Some morbific substance exists habitually in certain parts of India. This substance is capable of being carried considerable distances. When an invisible portion of this substance obtains entry into the human system, it is capable, *under certain conditions*, of being multiplied, and that to an enormous extent. This multiplication occurs principally, if not wholly, in the intestinal canal, and the substance is contained in the characteristic discharges. The period of activity while retained seems to be about 24 hours. It seems, further, to be pretty fairly established, that this substance becomes more capable of again acting as a poison after it has been evacuated for a day or more, than when it is first thrown out. It also seems to require, invariably, the presence of an alkaline fluid. For many years the choleraic discharges have been known to teem with, not one, but many forms of microscopic organisms, and of late our attention has been especially called to the comma bacillus of PROF. KOCH. Whatever may be the final decision as to the claims of PROF. KOCH, we must acknowledge the fact that the morbific element corresponds in its manifestations with ferments. Even if it should prove that the specific organisms, if such there

*A paper read before the Detroit Medical and Library Association.

are, are not capable themselves of causing all the symptoms of cholera, and the fact that the comma bacilli are not found throughout all the tissues, would seem to lend countenance to this view; yet, it may well be that the marked symptoms referable to the nervous and muscular systems are caused by products formed by such organisms. We have but to consider the ptomaines, some of which manifest violent toxic properties, to comprehend the possible activity of such products, and the extreme difficulty of their detection. Whatever, then, may be the nature of the poison, its characters and locality give us a clew to an immediate line of action. On this basis, then, we find a reason for the administration of acids. If we fail to quarantine successfully, we may endeavor, by habitual use of acids, to prevent the ferment from finding a suitable ground in which to multiply in each individual, and if the fermentation has begun it would seem reasonable to endeavor to check it by a vigorous administration of acids. Speaking humbly, as not having personal knowledge, I can only urge the general principle that if we trust to acids we must use them to the utmost possible extent. When we consider that the cholera patient will sometimes void as much as seven gallons of a strongly alkaline fluid—one which the process of fermentation seems to render more and more so, if acids are to do any good it is chemically impossible to expect results from anything less than heroic doses.

The principle here mentioned receives strong confirmation from the following statement, which I quote from an article by Dr. Wm. H. Lathrop in the Detroit Lancet of Oct. 1884:

"Seven thousand three hundred and fifty-six cases of the disease were collected, and in all of these, taken together, there was a mortality of 52 per-cent. As regards treatment, the mortality was as follows:

"With the use of calomel alone, 23 per-cent.

"With calomel and opium, 31 per-cent.

"Calomel, opium and acetate of lead, 40 per-cent.

"Calomel, opium and stimulants, 50 per-cent.

"When stimulants alone were used, 59 per-cent.

"Using the preparations of iron, 33 per-cent.

"While under the acid treatment only 8 per-cent. died."

In most cases, however, the physician is called in to a complex of symptoms which, while they do not annul the plan of treatment just suggested, call for further action. The diarrhœa and vomiting are causing such an enormous drain upon the fluid of the blood, that the first indication is with all speed to stop the loss. Here the line of action is fairly clear. It is not primarily a question of stopping the peristaltic movements, but of stopping the transudation of serum which is going on from the dilated capillaries of the intestine, and our authorities agree that opium for this purpose heads the list. That the hypodermic method presents every advantage needs no discussion. That the combination of atropine with the opium aids markedly in restoring the contractility of the arterioles needs emphasizing.

Indeed, on physiological principles, and judging from observation of the action of atropine in cases of collapse in cholera morbus, I am personally inclined to expect from atropine next to opiates the most reliable effects.

Belladonna administered in the form of the extract was given by Dr. Leclerc, of Vours, and Barrant, of Mauritius, in quarter-grain doses every half hour until physiological effects were produced; interval then lengthened to 1st, 2d, and 3d hour, and excellent results obtained. Atropine has been used by Dr. Hodgen, of St. Louis, and Dr. Brewer, U. S. A., with same report.

Dr. Pepper, in Medical Times, July 12, 1873, recommends bromide of potash in 45-grain doses every 20 minutes.

Ergot has been advised and tried.

The principle in view is the same—the restoration of normal calibre of the intestinal capillaries. The atropine offers the advantage of ready hypodermic use and unmistakable action. It has been reported to have also a decided effect in restoring secretion of urine.

In this connection it may not be amiss for us to place clearly before our memory the fact that, in our eagerness to control the purging and to alleviate the cramps, which to the patient often constitutes the greatest, indeed, often the only felt complaint, we must not by our opiates hasten the already impending suppression of urine. Recalling the fact that patients often have enormous evacuation, yet do not fall into collapse, we may reassure ourselves enough to take time to properly balance the present dangers of collapse against the impending danger of intense febrile reaction.

The treatment of collapse is to us, perhaps, somewhat more a matter of personal knowledge, and the marked correspondence between some of the symptoms and those of the alleged stage of fever, calls to attention the great importance and considerable efficacy of treatment directed to the external surface. Not only are the painful cramps of the limbs modified by heat and friction, but we have in heat, vigorously used at the extremities, a means of effecting decided vaso-motor changes. The same is true of applications to the spine. When we recall the enormous difference between the axillary and rectal temperature, and the possibility that a condition of vaso-motor spasm in the superficial parts may have a large share in producing this, it would seem that warm baths carried to the extent of relaxing the superficial capillaries ought to hold out much hope of use-

fulness. This is rendered more likely from the observation that intravenous injections of saline fluids to be of any use must be warm, and their action, while often unmistakably beneficial, seems to be, in the majority of cases, transient, the effect seeming to depend upon a temporary relaxation of the superficial capillaries due to the warmth. Undoubtedly they also have some effect in restoring the fluidity of the blood, and, while the results from them are not notably favorable, they at least should have further trial. While the spinal ice-bag is by some declared useless, it would seem to deserve further trial. It would lead too far to enter into the subject of the treatment of the typhoid state or that of suppression of the renal secretion, as general principles must largely apply here. The sum of a successful treatment would then seem to be: 1st. Public prevention: 2d. Personal prophylaxis. 3d. To counteract the excessive vaso-motor relaxation of the internal parts, and the excessive vaso-motor spasm of the external parts. Thereby to restrain transudation and consequent loss of fluidity of the blood with its corresponding deterioration, and at the same time to restore the capillary circulation in the lungs and external parts, and thus the respiratory function.

I confidently look forward to a time when with more accurate knowledge of the exact effects produced by remedies upon the sympathetic nervous system, we will be in a position to control these disordered manifestations for the short term while the morbific germ is passing through its development in the intestinal cavity.

PUERPERAL CONVULSIONS.

BY J. KNOWLES, M. D., LOGAN, IOWA.

It is not on account of having made any new discoveries in the management of this disease that I write this article for publication, but I very well remember the first case or two that I had, and how thankful I was for having had the benefit of the experience of older men in the practice, and if my experience, with what I have gathered outside, will be of any use to only one professional brother, I shall feel repaid for the trouble of writing a short article.

It has always seemed to me that there is more or less luck in the manner in which cases will fall into the hands of practitioners, and I am not very much of a believer in luck either, and if I have been unfortunate in anything, it has been in the number of cases of puerperal convulsions I have been called upon to treat, while other men, practicing in the same town for years, had never seen a case. Perhaps, however, while I was getting the full benefit in one direction, they were having more experience in another, than they really desired. According to most authors, there are three conditions under which puerperal convulsions may occur. Pressure of the distended uterus upon the renal veins producing uræmia, irritation of the gravid uterus acting reflexly, and a plethoric state existing during gestation, predisposing to the apoplectic form of convulsions. I am led to believe that in a country practice, among well-to-do people, the latter variety will be found more frequently than the other two combined; such has been my experience at least. I also believe that we will find something of the uræmic element in nearly, if not all cases of puerperal convulsions. I shall not go into the details of the pathology, diagnosis, and prognosis, but will present my ideas of the treatment of this, the most frightful of all the complications of labor. My general rule for the treatment of the apoplectic form is to bleed, and bleed freely—bleed until you soften the pulse, and until the veins of the neck and face show the effect of the bleeding; do not be governed by the amount of blood abstracted, but by the effect. Keep the patient under the influence of chloroform until delivered if there be any reason to fear a recurrence of convulsive action. If the pulse comes up full and strong in a few hours after bleeding, give veratrum in full doses, and any one who has never tried this remedy in these cases will be surprised to see how much veratrum his patient will bear. As an illustration of this fact, I will state that some seven or eight years ago I was called in consultation, to a case of convulsions almost purely of the apoplectic form, and the attending physician as well as all the friends positively refused to allow venesection to be performed. I did what I seldom do, that is, effected a compromise with the physician, and gave ten drops of NORWOOD'S tincture of veratrum every half hour until she had taken 13 doses, or 130 drops in six hours. The pulse at the end of that time was reduced from 146 per minute to 65. Of course I had my brandy, morphine, etc., at hand in case of any of the peculiar toxic effects making their appearance, but nothing of the kind occurred. I also gave three or four grains of hydrarg. sub. mur. every hour, while giving the veratrum, from which I got the cathartic effect in the course of an hour after stopping the veratrum. That woman never had a symptom of convulsions after the pulse began to run down, and had a good getting-up. She was confined about 18 months after with her second child, without any trouble of any kind. Now in this case I was called just a few minutes before the delivery of the child. I doubt very much the propriety of depending upon anything short of venesection earlier in the case, but after delivery it will frequently do. Our patient continued to have convulsions after delivery every 15 or 20 minutes until under the influence of the veratrum, when they

ceased; so that we have a right to believe that the drug was the means of stopping them. In some cases the convulsions will follow one another so fast, and the contortions of the patient will be so violent, that it will be impossible to bleed unless you chloroform the patient, which proceeding I have always found safe. Chloroform is another drug that is exceptionally well borne in those cases. Of course I should effect the delivery of the child as early as possible, for you can have no assurance that the convulsions will cease until that is done, but forcible dilatation of the os is, in my opinion, not to be practiced. I base my conclusions upon what statistics I have gathered, which I am free to admit, are not very voluminous, but so far as I have gone the results of that practice have been unsatisfactory. In the majority of those cases where forcible dilatation has been practiced, the patients have died. I know there is a feeling in the profession that no woman should be allowed to die undelivered, if possible to avoid it, and yet it is my belief that the greatest chances for the patient depend upon other means; so that believing that uræmia exists to some extent in all cases, I should as soon as possible follow such a course as would tend to the elimination of the poison, not waiting for delivery if I could avoid it. In so doing we will get rid partially at least of one of the disturbing elements. If the pains are feeble and irregular, I should follow up the use of ergot persistently, and in those cases where the stomach does not seem to absorb the drug, or where vomiting ensues, use ergotin by hypodermic injection. True, the effect of the ergot on the child may be urged as an objection to its use; but bear in mind that you have no right to expect a living child to be born in bad cases anyway, and should, for your own protection, so state to the friends. As soon as the head has descended far enough, apply forceps and deliver. That being accomplished, you will in the majority of cases have no more convulsions, and yet some of the cases that have given me the most trouble have been those where convulsions have come on with the last pain or subsequent to delivery. If I have a patient who has become quite fat and plethoric during gestation, and who towards the end of the term is afflicted with severe headaches and swelling of the limbs, I recommend bleeding as a precautionary measure. If the trouble is caused solely on account of pressure on the renal veins, causing uræmia, which, by the way, I think is seldom the case, there can be no question but that the thing to do is to promote elimination and bring about delivery as soon as possible. And even here I should be very loth to advise forcible dilatation.

In the other class of cases in women having excito-motor irritability greatly developed, and the convulsions produced by reflex action from irritation of the uterus, venesection is not called for. As a rule your patient is anæmic, and not in a condition to demand or bear bloodletting. I should then rely upon chloroform at the outset to stop the convulsions until I could do something else, and not wait, as some recommend, and use it as a last resort. Bromides, in large doses, dissolved in water, with an ounce or two of milk added and administered as an injection per rectum, will be found in some cases to act admirably, and even at the expense of being laughed at for being a cocaine crank, I shall try the effect of that drug applied to the cervix of the next woman I find in this condition. (By the way, why will it not do good work in cases of persistent vomiting of pregnancy, in the same class of patients?)

One precaution I always take, and that is: never leave a patient who has been suffering from convulsions until the pulse falls below 100, and 90 is better. So long as the pulse is rapid, full and bounding, no woman is safe from another attack, no matter how well she may seem otherwise to be doing. In fifteen cases of puerperal convulsions, I have followed the treatment as outlined above, and have seen but one die, and that was one where forcible dilatation was practiced in addition to the other means employed. While it is true that that woman might have died any way, I shall always regret that it was done, for the experience of a number of my medical friends throws a damper over the plan of treatment for me. I feel, of course, some pride in having treated that many cases successfully, and yet some woman in apparent good health may be sitting around all unconscious of her fate, and I be the unfortunate called upon to see her slip, so to speak, between my extended digits, and go and dwell with her forefathers. I lay no claim to infallibility, and while I have sometimes felt that I have had more than my share of these cases, perhaps after all I have been fortunate in having those who got well; perhaps there was something of luck in that also.

NOTES ON NEW REMEDIES.

BY J. J. MULHERON, M. D.*

M. C., aged 41, has paroxysmal attacks of inebriety, occurring at intervals of from three to four months. Last outbreak occurred on the 25th ult. After a debauch continuing up to the 4th inst. he was placed by friends in a hospital for seclusion and treatment. I saw him during the afternoon of the latter date. Found him intensely "nervous," with the tremor characteristic of his condition. Ordered a wine-glassful of fluid extract of erythroxylon

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coca (P. D. & Co.), to be followed by tablespoonful doses every two hours, until restlessness had subsided. The attendant whom the regular nurse had placed in charge during the night, mistaking the instructions, continued the wine-glassful doses every two hours, arousing the patient from the sleep into which he had fallen, to give him his medicine. On visiting him at 9 a. m. on the following day, I found him sitting up in bed, with a vague, staring look and aimlessly pawing at the bedclothes. On asking him a question he would answer coherently after the lapse of a minute. The tongue protruded very slowly and with tremulous movement. Pulse 120 and jerky. Second sound of the heart much weakened. There was great insensibility to external impressions, severe pinching at any point of the surface failing to evoke any evidence of pain. The pupils were fully dilated, and failed to contract under the stimulus of direct sunlight. On passing my finger over the cornea there was no evidence of sensibility, and grasping the conjunctiva with a forceps caused no closure of the lids. The patient remained in this condition during the day, slept soundly during the night, and on the following morning these peculiar symptoms had wholly disappeared. I do not recall any other report of the action of overdoses of coca. It may be interesting to note that the desire for drink was completely allayed by the heroic treatment thus accidentally administered, and the patient resumed his ordinary employment in a few days.

Mrs C., aged 23, was delivered of her first child seven weeks ago. The supply of milk, which had been copious, began to subside two weeks ago, and had almost entirely disappeared. Ordered a teaspoonful, three times a day, of a mixture of equal parts of fluid extract of jaborandi (P. D. & Co.) and glycerin. On getting the medicine the patient, instead of measuring the dose in a spoon, placed the bottle to her mouth and took a swallow. I was telephoned for two hours later. Found the patient in a severe rigor, shaking as if in an attack of ague, her clothes being as completely saturated with perspiration as if she had been plunged into the river, and the saliva flowing freely from her mouth. Pulse 130 and feeble, temperature 98°. Gave a hypodermic injection of morphine gr. $\frac{1}{6}$, and atropine gr. $\frac{1}{120}$, and administered per os a half ounce of brandy. Under this treatment there was a rapid improvement in the distressing and somewhat alarming symptoms. On examination of the bottle I found that five drachms of the mixture, containing 3 ijss of the jaborandi had been taken. There was a marked stimulation of the flow of milk. The jaborandi was ordered continued in the doses originally prescribed, and with the most satisfactory results.

DETROIT MEDICAL AND LIBRARY ASSOCIATION.

DETROIT, MICH., June 1, 1885.

The meeting was called to order by the president, DR. INGLIS. Forty-two members were present.

DR. WALKER introduced DR. ANDREWS, of Toledo, to the society.

DR. JENNINGS proposed an amendment to the by-laws, providing for a permanent record of deceased members. Under the rules it was laid on the table for two weeks.

DR. MCGRAW exhibited a specimen from the case of ovariotomy which he reported last week. The woman lived six days, dying of septic poisoning. The specimen presented a peculiar form of peritoneal degeneration, the whole peritoneum seeming to be gelatinized. Some of the German authorities have spoken of this as waxy degeneration of the peritoneum; but some refer it simply to the effects of the escape of this gelatinous matter and its close adhesion to the peritoneum.

The cyst extended down along side of the uterus and vagina so that it was utterly impossible to extirpate it in the condition the woman was in.

He showed another specimen which simply represented what he took to be an intra-capsular fracture of the femur in an old woman 84 years of age. The fracture was directly through the trochanters, and occurred from a fall. It is rather a unique specimen. She lived four weeks after the accident. Her death was not sudden, but from exhaustion. The doctor regarded it as a very important specimen, as showing the difference between an extra and intra-capsular fracture.

DR. H. E. SMITH exhibited an enormous vulvo-vaginal gland, with a history of eighteen years' growth. About every six months an abscess would form, laying the patient up three or four weeks at a time.

DR. W. P. MANTON exhibited a multilocular ovarian cyst which he removed last Tuesday from a young woman 22 years of age. The cyst was very adherent to the abdominal parietes and omentum and had rather a long pedicle. The patient is now on her seventh day, and she has had no unfavorable symptoms thus far. The weight of the tumor was 27 pounds.

DR WALKER exhibited a urinary calculus removed from a boy four years of age. The little fellow was very small, and gives a history of urinary trouble dating back two years. Entering HARPER Hospital on the 15th of May, his symptoms gradually growing worse. There was no particular difficulty in removing the stone, though the bladder was pretty well pushed forward, and there was difficulty in making an incision large enough before using the forceps. The doctor showed another speci-

men which he took away from a young boy of 16 years, which gave a history of injury to the knee-joint extending back several years. Got better and again got worse. About a year ago his knee was stiff. About four months ago he was an inmate of the reform school, and while there fell down and injured the knee-cap. Soon after it became inflamed and very large, and after about a month it was lanced and a quantity of pus let out. It was infiltrated with fibrous tissue, and the doctor thought it might be malignant. The synovial membrane was broken down, and there was quite a displacement of the bones. Made an exploratory examination and decided to make an amputation.

In still another specimen exhibited by the doctor, the history of the case, showed an old lady, 60 years of age, with an ovarian tumor. She entered HARPER hospital the latter part of January, and was operated on on the 30th day of January. There was no difficulty in reaching the tumor. After emptying the cyst, it was found attached 18 inches upon the intestines, and also upon the bladder. These attachments were torn away. There was an elongation of the uterus which had the appearance of a broad pedicle, but which was afterwards demonstrated by microscopical examination to be a portion of the uterus. The examination was made by DR. DUFFIELD. The temperature rose to 102°; next day it was 99°, and never rose any higher than that until she died. Two hours before her death the temperature was 97½°. The post-mortem examination revealed an abscess which contained about three drachms of pus.

DR. FLINTERMANN made a preliminary report of a case in which DR. DUFFIELD had made a microscopical examination. It showed a parenchymatous interstitial nephritis in a child of about seven weeks old, which the doctor first saw when it was four weeks old. The child seemed to suffer from a disturbance of the alimentary canal, crying continuously. It had diarrhœa and vomiting, and all the symptoms were so vague that a clear diagnosis was impossible. The child died with very peculiar symptoms. There was no tenderness anywhere, but the vomiting kept up, as did also the diarrhœa. The stools did not look any way bad, though the child seemed to have a severe pain; there were no brain symptoms. Not feeling satisfied about the diagnosis, a post-mortem examination was made with DR. DUFFIELD. It showed that there was no inflammation or congestion in the intestines. Examination of the kidneys showed them contracted on both sides. This, of course, explained the whole series of symptoms which were presented during life. Such a serious disease of the kidneys at such an early age is not common. The father suffered from gout, and we know that gout disposes to the peculiar kind of nephritis which we have after scarlet fever, and from common causes, but contracted kidney is very seldom recorded in such an early age. The liver was affected with fatty infiltration.

DR. INGLIS then read a paper upon Asiatic Cholera and its Treatment. (See page 265.)

DR. J. R. JONES: I have been called, of late, to two or three cases of sporadic cholera. The first one was in a child six years old. Taken sick at supper, being apparently all right before the attack. At about one o'clock commenced to vomit. I arrived at the house at about half-yast eleven and the boy was dead.

I have another case in which the patient was taken ill after supper, with purging, and afterwards with vomiting. I arrived at the house at half-past one, and then the patient was in a collapsed condition; almost pulseless, and as wet as if taken out of the river; cold and cramped; the calves of the legs and upper extremities were very cold. The discharges which passed from him were quite watery and inodorous. I gave him hypodermic injection of morphine and atropine. I gave him also, at frequent intervals, of the mixture that DR. HARTSHORNE recommends, composed of equal parts of chloroform, spirits of camphor, aromatic spirits of ammonia, and brandy. One drachm of this was placed in a wine-glass of water, and a teaspoonful given every five minutes. After two hours he began to get warm. Next morning at nine o'clock he was feeling very weak, but much better. Kidneys did not secrete until this morning. I think he is in a fair way to recover.

DR. SHURLY: I think we ought to keep in mind these cases of severe cholera morbus. Although I have never seen a case of cholera, from my reading on the subject I do not see that there is any clinical difference. Indeed I have had several cases of cholera morbus that were accompanied by convulsions that were, to all intents and purposes, according to clinical observation, cases of cholera. Of course intensity of the affection seemed to be wanting. I suppose everybody present meets with these cases every year, and it has often been a question in my mind whether or not in cases of epidemic cholera, there could be any possible way of disinfecting the fluids in the first stage, by introducing into the system some poison, which would be efficient against the poison of the disease without destroying life? And it has occurred to me that carbolic acid or iodoform could be used to advantage in these cases.

DR. MULHERON stated that he had, last week, seen a case which resembled in all its essential details the second case reported by DR. JONES, and in treating it the question suggested by DR. SHURLY presented itself to his mind. Clinically there was no perceptible difference between it and a case of Asiatic cholera, as that affection is described in the books. All

practitioners of any considerable experience have met with cases of cholera morbus which have run a rapid course and have terminated in fatal collapse. The doctor apprehended that if we should be so unfortunate as to be visited with an epidemic of Asiatic cholera, we would discover one of our most perplexing early troubles to be a differential diagnosis between cholera nostras and the imported variety. If KOCH is correct, the presence or absence of the comma bacillus would allay all doubt, but, unfortunately, KOCH'S claims for this microbe are not undisputed, investigators scarcely less prominent than he declaring that it is not peculiar to Asiatic cholera, but may be found in a variety of intestinal affections; it has even been found on the tongue of healthy persons, while stale cheese is said to be one of its favorite resorts.

The doctor was particularly struck with the suggestion in the paper of the influence of the vaso-motor system in the causation of cholera. The vaso-motor system is, doubtless, much involved in this affection, and there is much reason for inclining to the belief that cholera is due rather to an acute depression of this system through telluric conditions, than to the presence in the system of any specific bacillus.

Adjourned.

GEORGE DUFFIELD, M. D.
Secretary.

Correspondence.

SODIUM SULPHO-CARBOLATE AS A DIPHTHERIA REMEDY.

The enclosed powder is from a package of a so-called specific for diphtheria, the nature of which is kept secret. It is claimed for this remedy that no case of diphtheria in which it has been properly employed, has, as yet, proved fatal. Will you kindly tell us what it is, and give us your opinion of its merits? C.

[The powder consists of sodium sulpho-carbolate, which was at one time recommended in scarlet fever and other contagious diseases, under the impression that the carbolic acid it contained would have a specific effect on the disease germs. Clinical observation has not confirmed the theory; at all events, the remedy is one now nearly forgotten.—ED. MED. AGE.]

AN IDIOSYNCRASY.

A curious case recently came under my observation. I was attending a gentleman suffering from a form of obstruction of the bowels, and had ordered free injections to be used. A brother of the patient administered the injections several times, and one day remarked to me that he did not think he would need any physic himself very soon. I found, on inquiring, that every time he gave the injection to his brother, his own bowels were moved freely two or three times. He also informs me that if he prepares a dose of Epsom salts for anyone it purges him as freely as it does the patient. As this case is a little out of the usual run, I thought it worthy of being recorded. There can be no question as to the gentleman's veracity.

C. C. CRACRAFT, M. D.

WASHINGTON, PA.

The Medical Age.

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JOHN J. MULHERON, M. D., Editor.

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Editorial.

THE COMMITTEE ON THE INTERNATIONAL MEDICAL CONGRESS.

The difficulties which it was feared would result from the action of the late meeting of the American Medical Association in adding, without the request or approval of the original committee who were given full authority to organize and add to their number, thirty-eight additional members to the committee having charge of the arrangements for the International Medical Congress, of 1887, are already beginning to assume an outline. The committee has issued a notice of a meeting, to be held at Washington, in September next, for further conference in regard to the organization of the Congress. Instead of inviting the additional members appointed at New Orleans, to meet with them as a part of the same committee, these new members, according to the Journal of the American Medical Association, "have simply been notified of the time and place of the meeting, that they may meet as a separate committee at the same time if they choose." The Journal has been advised that the newly appointed members will meet by themselves at an earlier date than that fixed by the committee proper, when, acting under the instructions of the Association, they will, doubtless, ignore the existing organization of the committee, and proceed to elect officers and make arrangements for the meeting of the Congress, and to appoint the officers of the Congress.

The Journal of the Association evidently favors this action, and hopes that the new members, when they meet, will not fail to invite "each of the eight members appointed at Washington, to attend with them as regular members of the committee, according to the plain terms of the first resolution adopted by the Association at New Orleans."

We were as strongly opposed as any to the sectionalism which appeared in the appointments by the original committee, but that this committee were vested with all power to do just as it did, seems very clear under the resolu-

tion which created it. That being the case, the wisdom of the Association, to say nothing of its right, in nullifying the work already done in the way of organizing the Congress, does not seem clear. An authority on parliamentary law to whom we have submitted the whole question, declares that the Association has clearly committed an error in its meddling with the original committee. But whether it was justified or not in thus seeking to undo what was done in good faith, is a comparatively trivial matter. The great injury it has done the profession of this country, of which the American Medical Association is but a fraction, by making it appear in the eyes of our European brethren as a quarrelling, querulous agglomeration, will make any victory which the Association may gain over the original committee, too dearly bought. Whether the original committee will succumb remains to be seen. If it should not, the confusion will be worse confounded.

The following comments of the London Lancet on the action of the New Orleans meeting are very timely: "We gather that some members of the Association consider that the appointments of the Congress should be filled up on a geographical basis, each State being considered as a distinct entity to be represented. We trust, however, that the new committee will take a wider and more liberal view than that, and will make the appointments solely in reference to the merits of the various nominees and the degree to which they possess the confidence of the profession in the United States, as a whole, and in Europe. We may be permitted to assure our American brethren that visitors from Europe will, in a large measure, judge of the character and position of the profession in the States by the scientific eminence of those whom they choose as their prominent representatives."

PEROXIDE OF HYDROGEN.

In *Otitis Media Purulenta.*—Peroxide of hydrogen, or oxygenated water, was discovered by THENARD, in 1818, but was not utilized in medicine until after DR. B. W. RICHARDSON, in 1855, called the attention of the medical profession to its peculiar properties. Following this introduction it was for a time extensively employed, but soon, for some unexplained reason, fell into oblivion. It has been revived during the past two or three years, and is again a candidate for recognition among the list of active medicines.

DR. BOERNE BETTMAN, of Chicago, has an article on its use in the June number of the Chicago Medical Journal. He prizes it highly as an antiseptic, particularly when applied topically. It is a very unstable compound, decomposing rapidly when exposed to air, and liberating its oxygen. It is in virtue of this property that it exercises its therapeutic action. The dilute product is employed in medicine, the dilution rendering it more stable. A comparison of its antiseptic energy with that of other disinfectants is given, the test being the quantity of each required to prevent the formation of germs in 1000 c. c. of beef tea. Mercurous iodide heads the list, 0.025 gramme of it preventing such formation. Next comes silver iodide, which requires 0.03 gramme. Following this is hydrogen peroxide, of which 0.05 gramme is necessary. Corrosive sublimat comes next, requiring 0.07 gramme. Of the other popular antiseptics, iodine requires 0.25 gramme, chlorine the same, bromine 0.60, salicylic acid 1.00, carbolic acid 3.20, permanganate of potash 3.59, boracic acid 7.50, chloral hydrate 9.00, borax 70.00, and potassium iodide 140.00. The great activity of peroxide of hydrogen is thus apparent.

DR. BETTMAN reports the employment of this drug in upwards of thirty cases of purulent inflammation of the middle ear, his most sanguine expectations having been realized in each case.

He first thoroughly cleanses the ear with warm water, dries the organ by repeated introductions of absorbent cotton, and then instills, 8 to 12 drops of the liquid. Contact with the pus and diseased tissues sets free the oxygen, visible as gas bubbles, which uniting with the expelled pus forms a seething, frothy mass, forcing its way outwards from its narrow confines. This decomposition goes on for several minutes. The patients rarely if ever complain of pain. They invariably speak of a boiling or effervescence in the ear, accompanied by a sensation of heat, following immmediately upon the introduction of the remedy. After cleansing the parts, the mucous membrane of the middle ear is seen to have assumed a very faint milky-white appearance. Repeated instillations are accompanied by less effervescence, until at last it remains in the ear as a perfectly clear liquid, no longer cognizable by the patient by the evolution of gas. Dr. B. has been informed by many patients, that as the discharge decreased, the burning sensations produced by the remedy increased in severity. The strength of the remedy may be weakened by the addition of water.

The liberated gas enters the most hidden and remote recesses of the middle ear, forcibly dislodging the decomposing material and destroying bacteria embedded in the tissue meshes.

In Diphtheria.—At the late meeting of the American Medical Association, DR. R. J. NUNN, of Savanah, Ga., reported remarkable

results in diphtheria from a method of treatment in which peroxide of hydrogen played a prominent part. The following is an epitome of this method :

First. The frequent application to the membrane of the peroxide of hydrogen, which will dissolve such portions of it as are soft and flocculent. The spray, with or without the soft camel's hair brush, will be found most useful in using this remedy, which can be applied also to the nasal passages.

Secondly. Having thoroughly cleansed away all the membrane which can thus be got rid of, powdered papayotin is applied to that which remains by means of a powder-blower, after which no food or medicine is given for twenty or thirty minutes, the object being to avoid as much as possible removing the papayotin from the membrane.

Thirdly. After twenty minutes or half an hour, the use of the general germicidal solution (the solution of the biniodide of mercury having thus far proved itself superior to any other), is resumed in the manner just indicated, that is to say, a few drops administered every ten or fifteen minutes.

This course is pursued until the membrane has disappeared, when the use of the peroxide of hydrogen and of the papayotin is discontinued, but the sporicidal solution is still to be administered, but at more distant intervals, nor should its administration be stopped until all danger of paralysis is passed. The amount of medicine is marvelously small when compared with the results obtained, a single grain sufficing for from three days to a week, even in the height of the disease. The longest period for which the biniodide was used in any one case was two months, and towards the last of that time but three doses a day were given. Occasionally, when there is evident depravement of the blood, a little syrup of the iodide of iron, proportioned to the age of the patient, has been added to the biniodide solution.

CHOLERIZATION.

Ever since JENNER'S epochal discovery that the artificial production of a disease, of a mild type, creates an insusceptibility of the system to other diseases of the same order, it has been the dream of the profession that all diseases, and particularly those of a zymotic nature, may be eliminated from the list of human ills by sterilizing the soil in which their germs are wont to grow. The efforts in this direction have, it is true, been attended with very indifferent success, unless, indeeed, we are disposed to concede that the results of the practice based on the theory of *similia similibus curantur*, affords an illustration of the success of these efforts. The discovery, or the supposed discovery, of the fact that zymotic diseases are due to the introduction into the system of specific germs which grow and reproduce their kind, has given a renewed impetus to the hope that we are on the verge of the realization of the dream above referred to. Certainly the results of PASTEUR'S experiments have been sufficient to warrant us in giving an attentive ear to declarations which scarcely more than a decade ago, would have been regarded as the ebullition of the fancy of some unbalanced enthusiast. Unfortunately, PASTEUR'S brilliant achievements in the case of the lower animals, have not been supplemented by subsequent kindred results in the case of the human species. Perhaps, however, an exception to this latter declaration obtains in the results which are reported from Spain, where DR. JAIME FERRAN, of Fortosa, has been making a series of experiments in Cholerization. DR. FERRAN is a young man, only thirty-three years of age, who had, previous to his later published results, given evidence of peculiar talent in the direction of microscopy. He had written a work on micro-telephony, and certain curious investigations on microbiology and parasites were rewarded by the Royal Academy of Medicine, of Madrid. During the cholera epidemic at Toulon and Marseilles last year, he spent several months in those cities studying the disease. On his return to Spain he continued his studies, and eventually came to the conclusion that KOCH had observed but one of the many stages of the microbe's successive developments. He discovered that by submitting the comma-bacillus to a fluid similar in its composition to a mixture of bile and gastric juice, the microbe passes through successive and invariable stages of development, in one of which he detected its eggs, which, in his opinion, are the real generators and propagators of cholera.

In a recent communication to the French Academy, FERRAN declares that cultures in bouillon, at 37° C. (98.6° F.), carried on until a change is visible in the fluid, will kill guinea pigs inoculated with them. Cultivated in gelatin, these cultures preserve their virulence, but when cultivated in bouillon, they become attenuated to a degree which divests them of much of their poisonous property. Guinea pigs, inoculated with a culture sufficiently attenuated to produce a non-fatal attack of cholera, he claims are rendered insusceptible to inoculation by the most active culture. He claims, as a practical verification of his theory, that in the city of Alcira he inoculated, from May 1 to May 8, 5,432 inhabitants out of a total population of 16,000. Of the number inoculated, only seven were attacked, and not one of these died. The conclusions which these results would seem to warrant are: 1, that

cholerization is possible in men, as in animals, by hypodermic injections; and, 2, that prophylaxis by cholerization is obtained through graduated doses, or attenuated virus.

We regret to learn, through the public prints, that the remarkable results reported by FERRAN, as stated above, have not continued to be realized, but that the inoculated subjects have since contracted the disease with such a percentage of mortality as to have impelled the authorities to put a stop to further experiments in the line of cholerization.

THE MICHIGAN STATE BOARD OF HEALTH.

The State Board of Health of Michigan has won for itself a prominent, if not, indeed, a preëminent position among similar organizations in the sister States, for the system and effectiveness of its work. Organized in 1873, it was one of the first boards of health in the country, and in the twelve years of its existence it has abundantly proven its great value to the people of this commonwealth. Any enumeration of the special service it has rendered must prove a work of supererogation to medical readers. We regret to find, however, that its value is not universally conceded by the public, while a very considerable number of citizens, though granting it to be a useful organization, hold that the cost of its maintenance is quite out of proportion to the benefits it confers. It is sound political, as well as domestic economy, to get the greatest amount of good for the least amount of money, and it has been alleged that this principle is being violated in the case of our State Board of Health. A committee appointed by the State legislature lately in session, for the purpose of reviewing the expenditures of various State institutions, accordingly made the Board a subject of inquiry. The report of this committee has been made public, and we learn from it that, although the original intent was that the expense of the Board should not exceed $4,000 per annum, it has reached $16,000. The secretary, in his testimony before the committee, stated that by a decision of the auditor-general an additional $2,000 was added to the original $4,000, but that no other appropriation had been made for the Board. The source of the additional $10,000 expended does not appear from the report. The secretary's salary is $2,500. There are nine clerks employed, at salaries ranging from $1,000 for regular assistants, to $50 a month for extra clerks. The committee find fault with the hours devoted to the work of his office by the secretary, whose testimony shows that he "arrives at his office between nine and ten a. m. and after dinner at two p. m.; that he sometimes remains till after 5:30 p. m., at which time the clerks usually leave; that he devotes one-sixth of his time each week to the duties of the U. S. Medical Examiner, for which he is paid $1,400 per anum." From the testimony and all available sources of information, the committee "have been unable to see any benefits to the state commensurate with the enormous expense under the present management." It, therefore, recommends that the Board be abolished, or that, at the very least, the expenses be reduced to the original appropriation of $4,000. The course of the secretary in devoting so much time to outside business, and entrusting the conduct of his office to the several clerks, the committee declare to be unauthorized, unwarranted, and a misappropriation of public money.

We are by no means disposed to agree with the committee in its characterization of the secretary's conduct. He has made an exceedingly efficient officer, and his standing for probity with the profession, whose opportunities for passing judgment thereon have been much better than those of the committee, makes us confident that he will furnish a satisfactory explanation of the conduct which the committee have seen fit to thus characterize. It is, however, exceedingly unfortunate, in view of the disfavor with which the public is prone to view scientific medicine, that the committee has been able to discover in the conduct of the office of the State Board of Health, anything capable of being distorted into an argument against its continuance. We know too well how our legislators may have their prejudices worked upon by the large and noisy class of pseudo-physicians who look upon scientific medicine as a menace to their existence.

PSEUDO-MALARIA.

The mantle of charity is excedingly ample, covering a multitude of sins. It has its counterpart in malaria, which has been so distended beyond its original limits, as to make it the cover of a vast measure of ignorance and indolence in the ranks of the profession. When a practitioner fails through lack of knowledge immediately available, or through his inherent inertia which prevents a studious scrutiny, to make out a diagnosis which even his patron may discover to be erroneous, it is a too common practice for him to throw over the case the mantle of malaria, 'neath the darkness of which kind nature carries on her effort to restore the equilibrium of the vital forces. Truly "malaria" is a god-send to such as he.

Doubtless, however, the manifestations of malaria proper, are not confined to the pronounced periodical chill, febrile stage and profuse perspiration, a triad of symptoms which yields promptly to large doses of quinine. In a paper on Some of the Irregular Manifesta-

tions of Malaria,* Dr. L. Emmet Holt mentions several symptoms which are, in his opinion, highly suggestive of a malarial cause: 1, marked drowsiness; 2, headache, usually supra-orbital; 3, anæmia and cachexia; 4, vertigo; and 5, digestive derangements, anorexia, thickly-coated tongue, and constipation. To jump at the conclusion of malaria because of the simple presence of a single one of these symptoms would be clearly an error—the diagnosis must be based, the writer insists, rather on a combination of all of them. While this train of symptoms may, doubtless, follow the presence of malaria, so-called, in the system, we are of the opinion that in a given case, presenting them all, the careful practitioner would be particular to make a differential diagnosis between it and catarrh of the common bile duct. A brisk mercurial purge will, we venture to say, be as promptly efficacious in the majority of these cases as anti-periodic doses of quinine.

Dr. Holt calls attention to other symptoms which he holds to be very suggestive of malaria, viz: periodical attacks of gastralgia, general cutaneous hyperæsthesia, and pulmonary symptoms simulating those of pneumonia. He has seen cases of severe otalgia and spasmodic torticollis, also, which he held to be of malarial origin, from the fact of their yielding to proper doses of quinine. While we are not disposed to dispute the conclusion which the writer clearly wishes to have drawn from his paper, namely, that malaria assumes protean forms in its manifestations, we do not think he has advanced any very clear illustrations in support of his proposition.

THE HYGIENIC TREATMENT OF PULMONARY CONSUMPTION.

Dr. B. W. Richardson has revived, in his Asclepiad, certain rules for the hygienic treatment of consumption, which he enunciated as far back as 1856. At that time they found very little favor, being regarded as the ideas of a dreamer, that the fatal disease could be prevented generally, and treated specially by hygienic measures. To-day, under a revival of the old animalcular speculations, as to the origin of some diseases from living forms—the entity doctrine in a new dress—the conception of the hygienic treatment of pulmonary consumption has been accepted in name as well as practice, as if it were new in word and deed, the height of practical learning and skill. So ideas change, and the disfavored of one generation is the favored of another. But it matters not how or by whom it is borne, so long as the torchlight of truth makes its way:

1. A supply of pure air for respiration is the first indication in the treatment of the consumptive patient.

2. Active exercise is an essential element in the treatment of consumptives.

3. A uniform climate is an important element in the treatment of consumptives.

4. The dress of the consumptive patient should be adapted to equalize the temperature of the body, and so loose that it interferes in no way with the animal functions.

5. The hours of rest of the consumptive patient should be regulated mainly by the absence of the sun.

6. The occupation of the consumptive patient should be suspended if it is in-door or sedentary, but a certain amount of out-door exercise may be advantageous.

7. Excessive mental exertion should be avoided by the consumptive.

8. Cleanliness of body is a special point in the treatment of consumptives.

9. Abstinence from all habits of gross sensual indulgence is an essential part, both in the prevention and the cure of consumptives.

10. The diet of consumptive patients should be ample, and should contain a larger proportion of the respiratory constituents of food than is required in health.

Whenever distinct evidences of phthisis have set in in an individual of either sex, the marriage of such person is wrong; while the marriage of two persons, both victims of the disease, is opposed to reason and humanity.

CLEANSING THE PHARYNX.

In a paper in the Weekly Medical Review, Dr George Richter, of St Louis, Mo., after giving the objections to the sponge, probang, brush, spray, etc., as means for cleansing the pharyngeal cavity and making topical applications thereto, details a method which he has found very serviceable. The patient is made to sit in a common chair, with his mouth half full of the gargle. His back should rest against the back of the chair, when he should throw his head back, raising the chin as high as possible, with his mouth opened wide and his tongue protruded. In this position he must make an effort at swallowing. He will, of course, find the act impossible, with his larynx pressed against the vertebræ and the œsophagus effectually closed. The muscular contractions in the act of swallowing will allow the gargle to flow into the pharynx, in contact with which it causes a sensation as if the fluid had passed completely into the stomach. The patient must now be instructed to gargle, when an inspection will show the pharyngeal cavity to be completely washed with the fluid. If the mouth be now closed, or, rather, clapped together, and the head thrown forward and

* Medical Record, May 30, 1885.

downward, the whole gargle will find its exit through the nostrils. The method requires practice for its complete performance, but if the patient be properly instructed during the trial he will soon find himself able to accomplish it successfully. If the gargling done in this wise be performed daily with pure water, or with a weak solution, the pharynx will not only be thoroughly cleansed but the patient will be educated up to the performance of a method through which topical applications of remedies specially indicated, may be successfully made in cases of catarrh.

SMALL HOSPITALS.

In a paper read before the last meeting of the N. Y. State Medical Society, DR. EDWARD H. PARKER, of Poughkeepsie, read a paper on Small Hospitals, which presented many arguments in their favor. It was based on his experience with the ST. BARNABAS hospital, of which he is consulting surgeon. His figures demonstrated very satisfactorily the great usefulness of small hospitals, and the comparatively small cost of their maintenance. It is a common opinion among the profession that unless a hospital is an extensive institution, it must fail of the purpose for which it was instituted. A little reflection will, however, convince one of the error of this assumption. The essential features of a hospital are quiet, good ventilation, proper nursing, and absence of danger from the presence of disease germs. Certainly, with the exception of good nursing, these requirements are more easily secured in a building containing but few beds, than in one containing many. There is no reason why towns of from 5,000 inhabitants and upwards, should not have small and well-equipped establishments to which those whose homes do not furnish the requirements above noted, could be taken in the case of sickness. We are of the opinion, moreover, that in cities of larger size, smaller hospitals would be found to be both profitable to their founders, and advantageous to the public. The small, secluded, and quiet hospital, divested of the noise, confusion and publicity of the more pretentious institutions, would present peculiar attractions to a large element in the community.

HOW TO DIAGNOSE GONORRHŒA IN THE FEMALE.

The difficulty of differentiating a specific vaginitis from a simple or catarrhal inflammation of the vagina, has probably worried most of our readers. A mistake in diagnosis in these cases is also a matter of very considerable importance. The happiness of a home may hang on the issue. It becomes the physician in such a case to hew to the line, let the chips fall where they may; but he must be particularly careful that none of them fall on his own toes. There has, up to the present time, been no pathognomonic sign which might serve as a guide in such a perplexity. At a recent meeting of the Paris Obstetrical and Gynæcological Society, however, MARTINEAU suggested one which may answer the purpose. The pus of the specific vaginitis is said to be always acid, while in the simple varitey it is alkaline. A little piece of litmus paper, therefore, will tell the story. The importance of this discovery cannot well be over-estimated. Both on account of social and medico-legal reasons, its importance is very great.

Notes.

We regret the circumstances which prevented our attendance at the late meeting of the Michigan State Medical Society, at Port Huron. We learn that it was quite up to the average of former years. The absurd rule of the society, which forbids the publication of any paper read before it, previous to its appearance in the transactions, practically isolates the society from the profession. These transactions are usually issued in from four to six months after the meeting, after the lapse of which time they have become stale, in which condition they lie buried in the volume, and have an interest only for their several writers. No wide-awake journal makes a practice of going back four to six months for matter, when matter of contemporaneous interest is pressing on the attention of its readers. If the papers of the society were published in the AGE, for instance, they would be conned by some 5,000 subscribers in all parts of the country, instead of being, as they are under the existing rule, read only by the two or three hundred physicians who are furnished with the transactions. As it is now the most effective plan of burying a valuable paper, is to read it before the Michigan State Medical Society. DR. E. P. CHRISTIAN, of Wyandotte, was elected president for the current year—a most excellent selection, and an unsought-for recognition of eminent worth.

The Medical News bewails the substitution of the nursing bottle for the maternal mammæ, for quite another reason than those usually given. It quotes DARWIN, who traces the dawning of the love of the beautiful in man to the contact of his hand, when a child, with his mother's breast. Thus early is his standard fixed, and in after years he feels a generous glow of delight in the waving or spiral lines which bear any similitude to its outlines. The

hard, irregular, unsympathetic nursing bottle with its rubber nipple, makes no such impression, and the continued use of this device must eventuate in another ideal of the beautiful. This is certainly a strong argument not only against the nursing bottle, but also, in face of systematic efforts to restore the old-time fullness of the female bosom, the subject is one which should engage the attention of all young men interested in art. The subject is one which they should, however, carefully handle, for it is a delicate one.

Of 202 deaths occurring among the physicians of Illinois, as noted in the last necrological report of the State Board of Health, three per cent. were from suicide—a very large percentage as compared with the suicides occurring in other occupations. In addition to these, five are attributed to "an over-dose of morphia," and two to "an over-dose of chloral." If these over-doses were not intentional, the most charitable conclusion one can arrive at, is that there is much carelessness among the doctors of Illinois, when they undertake to be their own patients.

With death staring him steadily in the face General GRANT displays the same imperturbability and sound sense in regard to his personal condition, which distinguished him when he was at the head of our armies in the field. "The doctors outside," he said, in talking to his medical attendants, "I am informed, are writing about my case and talking about it, and some of them seem to think they know more about it than you gentleman do; but it is like a time of war when the men at home think they know more about it, and how to do it, than the generals who are in the field fighting."

In one department of the Seine there were, during 1884, 18,136 illegitimate births, as against 59,097 occurring in wedlock. According to BERTILLON the death-rate among the former is 337 per 1000, as against 175 per 1000 among legitimate offspring. According to these figures 3,000 lives were sacrificed in this one department alone in a single year, through causes directly traceable to illegitimacy. If this ratio continues to prevail throughout France what must the inevitable consequences be to that unfortunate nation?

The potato was to KOCH what the apple was to NEWTON. He had been trying, like many others, various decoctions and infusions if haply he might find a soil in which disease germs would thrive. His success was indifferent. While walking the street one day he chanced to observe a potato covered with a fungous growth, and it flashed on him that the tuber might also nourish the germs in which he was interested. It answered admirably, and this was the beginning of his remarkable series of experiments.

A Chicago druggist received the following note from a patron: "Please give the boy 25 cts. worth of arica, or something that will take the soreness or swellin out of a stone. I have caut cold and it settled in one of my stones. If the boy has not money anough to pay you I will send him rite back with the balance." The Western Medical Reporter infers from this effort on the part of its fellow-citizen, that the orthographic center must lie in or about the testicles.

A Rhode Island doctor accompanied his application for the position of U. S. examining surgeon, with a diagram of a certain operation which he had performed, as an evidence of his ability. Inasmuch as civil-service reform does not extend to this division of the government service, it would, probably, have been better for his chances had he sent in the certificates of some of the "solid" men of his party, attesting his fitness for the position. His diagram may prove a veritable *pons asinorum*.

Our intelligent compositor, in setting up the programme of the meeting of the 1885 meeting of the American Laryngological Association, jumped one line of copy in the part giving a list of the members of the reception committee. That line contained the names of DRS. HENRY F. LYSTER, LEARTUS CONNOR, JOHN FLINTERMANN, and DONALD MACLEAN. These gentlemen, it is needless to state, will be on hand, with their *suaviter in modo*.

The Kansas City Medical Index states that DR. LEWIS A. SAYRE, the orthopœdic surgeon, of New York, is in an almost helpless condition from an injury to his knee-joint, received a year ago through a lurch of an ocean-steamer on his return from Europe. The fact, however, that he is able from his couch to dictate and direct a practice which pays him forty thousand dollars a year, shows the manner in which mind can triumph over matter.

In a recent novel a young lady is made to fall over a precipice. On being reached she is supposed to be dead, but her companion (a young gentleman) removes all anxiety by declaring that she is merely in a swoon, he having detected pulsation in her *femoral* artery. Well, we suppose there was no particular harm in the young man's feeling that particular artery under those distressing circumstances. Although *ne sutor ultra crepidam, honi soit qui mal y pense*.

The Parisian shoemaker who made the following opinion of two celebrities, was a philosopher whose wisdom it would pay many, both inside and outside of the profession, to emulate: "I made the boots of both gentle-

men," he said, "and, as far as boots go, there is not a pin to choose between them. Beyond that I cannot go, for it lies outside of my profession."

The Indiana Medical journal takes occasion to assure its readers that "the Indiana State Medical Society is not a fool." While we are pleased to be thus informed, we cannot but regret that our contemporary has found it necessary to make any such specific declaration, We had never supposed that the profession of Indiana had done aught to create a suspicion as to its eminent wisdom.

A doctor given to boasting of his skill, instances as an evidence of his superiority to his rivals, the fact that after several of them had declared that a patient could not live over twenty-four hours, he took hold of him and made him last thirty-six hours. He thus demonstrated that he was at least 50-per-cent. the better man.

Nussbaum recommends as an effective treatment of condylomata, on the penis, the washing of the parts with a saturated solution of common salt and then sprinkling the growth with calomel. The bichloride of mercury is thus formed, and the excrescences are removed without pain, the patient the meanwhile pursuing his usual occupation.

HULLMANN (Archiv. für Kinderheilkemde—Weekly Medical Review) recommends full baths of permanganate of potassium, 15 grains to the bucket of water, as very effective in scrofulous exanthemata, prurigo, eczema, and intertrigo. In the desquamative stage of measles and scarlatina, he also speaks of it highly as a prophylactic against contagion.

A new application for sore nipples, and one from which we should *a priori* expect excellent results, is recommended in cocaine. A five-per-cent. solution brushed over the nipple is said to make nursing possible and painless. The suggestion is made by DR. ANDHONI in Therapeutique Contemporaine, and we should be pleased to have our readers try it and report results.

Powdered rice is said to be more styptic, as an application to fresh wounds, than oxide of zinc. By mixing from four to eleven per-cent. of it with lint, and using the lint thus treated as a compress, it is very effectual and more valuable than subnitrate of bismuth, salicylic acid or carbolic acid.

The Columbus Medical Journal states that whenever a case of scrofulous disease was presented at his clinic, in the person of a child whose father had been in the army, the late PROFESSOR GROSS, asking no further questions, would turn to his class with the single, but significant remark, "specific, gentlemen!"

Book Notices.

HAY FEVER AND ITS SUCCESSFUL TREATMENT BY SUPERFICIAL Organic Alterations of the Nasal Mucous Membrane. An essay read before the Philadelphia Laryngological Society, by CHARLES E. SAJOUS, M. D., Instructor of Physiology and Laryngology in the Post-Graduate and Spring Courses, Jefferson Medical College; President of the Philadelphia Laryngological Society, etc. Illustrated with 13 wood engravings.

Philadelphia: F. A. DAVIS, Att'y.

Notwithstanding the great amount of study which has been devoted to hay fever, the affection is still one of the opprobria of medicine. The title of this little book, therefore, at once arrests attention and commands for the essay a careful reading. It opens up with a description of the affection and its symptoms, and then proceeds to elucidate the author's theory, giving many cases, the results of the treatment of which are calculated to substantiate it. The conclusions of the essay are that there exists in the victim of hay fever a hyper-sensitiveness of the nerve centres, whence issues the supply of the naso-pharynx. This hyper-sensitiveness is aggravated by local disease, and at particular seasons of the year their float in the atmosphere contain peculiar irritants which, coming in contact with the mucous membrane of the naso-pharynx, excite the paroxysms known as hay fever. By cauterizing, by means of the galvano-cautery or acids, the hyperæsthetic portions of the membrane, their hyperæsthesia can be permanently annulled. DR. SAJOUS claims the credit of originating this radical remedy. If his results shall be verified by the experience of others, he will have won for himself the gratitude of many thousands of sufferers from a very distressing affection.

A TEXT-BOOK OF HYGIENE, a Comprehensive Treatise on the Principles and Practice of Preventive Medicine, from an American Standpoint. By George Rohé, M. D., Professor of Hygiene, College of Physicians and Surgeons, Baltimore; Member of the American Public Health Association; of the American Dermatological Association, etc.

Baltimore, Md.: Thomas & Evans.

The aim of the author in writing this book, he states, has been to place in the hands of the American student, practitioner, and sanitary officer a trustworthy guide to the principles and practice of preventive medicine. He has endeavoured to gather within its covers the essential facts upon which the art of preserving health is based, and to present these to the reader in clear and easily understood language. An examination of the book will convince the reader that a very considerable degree of success has attended the author's effort. There are more voluminous works of its nature before the profession, but we doubt if there is a more comprehensive for the requirements of practi-

cal duty. Its conciseness, moreover, is a strong point in its favor, for the general practitioner can scarcely afford the time which the study of some of the larger works would require. It is worthy of commendation. Its mechanical execution is, however, not first class.

TRANSACTIONS OF THE NEW YORK STATE MEDICAL ASSOCIATION, for the year 1884. Volume I. Edited for the Association by AUSTIN FLINT, JR., M. D., of New York.
Detroit: JOHN MACFARLANE.

This exceedingly attractive volume of over 600 octavo pages, is a report of the proceedings of the first meeting of the new State Medical Association of New York. This Association is made up of those members of the profession in New York, who would not follow the old State Medical Society in its revolt against the Code of Ethics of the American Medical Association. The association is loyal to the code, and is thus the only State organization of the Empire State which is recognized by the national body. Doubtless, extra efforts were made to have the first meeting an unmistakable success, and if the transactions are to be accepted as the criterion, those efforts were very successful. The volume comprises an array of papers of such quality as is seldom seen in the transactions of any medical gathering in this country, whether that gathering has been State or National, and the association is to be congratulated on the great success of its first meeting. The volume is for sale, and may be had by addressing, with an inclosure of $5.00, DR. JOHN H. HINTON, treasurer, 41 W. 32d St., New York City.

CLINICAL STUDIES ON DISEASES OF THE EYE, including those of the Conjunctiva, Cornea, Sclerotic, Iris and Ciliary Body. By DR. FERDINAND RITTER VON ARLT, Professor of Ophthalmology in Vienna. Translated by LYMAN WARE, M. D., Surgeon to the Illinois Charitable Eye and Ear Infirmary; Ophthalmic Surgeon to the Presbyterian Hospital, and to the Protestant Orphan Asylum Chicago.
Philadelphia: P. BLAKISTON, SON & CO.
New York: D. APPLETON & CO.

PROFESSOR ARLT has been engaged in teaching ophthalmology since 1846, and he has, in the work before us, embodied the fruits of his experience during the intervening forty years. His position among ophthalmologists has for many years been secondary to that of no other teacher in his specialty. This book, therefore, written toward the close of a long and distinguished career, is something more than an ordinary text-book. It has been written with more particular reference to the general practitioner, and its perusal is calculated to stimulate a careful scrutiny into the various morbid processes, and their exciting causes. The translation has been admirably done, there being no suspicion of the stiffness which is apt to attach to a too close rendering of the German idiom.

BERLIN AS A MEDICAL CENTER, a Guide for American Practitioners and Students. By Horatio R. Bigelow, M. D., Member of the American Medical Association, etc.
[Reprinted from the N. E. Medical Monthly.]
Sandy Hook, Conn.: New England Publishing Co.

In these days when it has become "the thing" to round off a course of study in our own schools with a tour through Europe (and Berlin is now *the* place), there is a demand for just such a little book as is here given us. Never having been to Berlin, we cannot pass judgment on the fidelity of the guide, but we are impressed with the detail into which the author has gone, in his instructions to the medical tourist who may decide to sojourn, on knowledge bent, at Berlin. If there is any thing which he has neglected to write about, from the cost and method of transportation to getting the inside track after reaching the policliniks, we fail to detect the omission. We should advise any reader who contemplates a trip to Berlin for the purpose of finishing up, to place a copy of this little book in his pocket for frequent reference.

THE OLEATES. An investigation into their nature and action, by JOHN V. SHŒMAKER, A. M., M. D., Lecturer on Dermatology at the Jefferson Medical College; Physician to the Philadelphia Hospital for Skin Diseases, etc.
Philadelphia: F. A. DAVIS, Att'y.

DR. SHŒMAKER'S name has, largely through the energy with which he has pushed their claims, become closely identified with this important class of medicaments. While he cannot, perhaps, be said to be the originator of them, he is entitled to the more honorable distinction of developing them, and of indicating more clearly than had ever been done before, their therapeutic applications. MORSE was the discoverer of the electric telegraph, but his name dwindles into comparative insignificance when placed beside that of EDISON. The profession will thank the enterprising publisher for having placed before them in such a neat form, this compilation of DR. SHŒMAKER'S voluminous articles on the subject of the oleates.

The North American Review for July, presents the following attractive table of contents: Land and Taxation—a conversation, by DAVID DUDLEY FIELD and HENRY GEORGE; Two Years of Civil Service Reform, by DORMAN B. EATON; Is Christianity Declining? By REV. DR. C. H. PARKHURST; Prohibition in Practice, by GAIL HAMILTON; The Extradition of Dynamite Criminals, by PRESIDENT J. B. ANGELL, GEORGE T. CURTIS, and JUDGE T. M. COOLEY; An English Imperialist Bubble, by WILLIAM CLARKE; The Subterranean History of Man, by PRESIDENT S. C. BARTLETT; European Influences in Asia, by THOMAS M. KNOX; and the usual chapter of comments.

Formulary.

ALOPECIA.—Daily frictions with a flannel dipped in one of the following mixtures:

Alcohol (60 per cent.), ℥ iij, ℥ j.
Essence of turpentine, ℥ v.
Ammonia, ℈ jv.
M.

or,

Alcohol (90 per cent.), ℥ iij, ℥ j.
Quinine sulph., gr. xv.
Ess. bergamot, ℥ iiss.
Ess. wintergreen, ℥ ss.

To apply these successfully the hair must be cropped close.

AN OINTMENT FOR ITCH.—PROF. HARDY publishes the following in L' Union Medicale:

Naphthol, 10 parts.
Vaseline, 100 parts.

The powdered naphthol is to be dissolved in half its weight of ether, and the solution mixed with a portion of vaseline and heated to 30° or 40° C., until the ether has been entirely evaporated, when the rest of the vaseline is to be added, and the mass carefully triturated. The ointment must be kept free from access of air. It cures in from 10 to 15 days.

SEDATIVE COUGH-MIXTURE.

DR. H. C. WOOD, of the Therapeutic Gazette, has tested the following, and regards it as the most efficient sedative cough-mixture he has ever used:

℞ Potassii citratis, ℥ j.
Succus limonis ℥ ij.
Syrup. ipecac., ℥ ss.
Syrup. simplicem, q. s, ad ℥ vj.
M.

Sig.—A tablespoonful from four to six times a day.

When there is much cough or irritability of the bowels he adds paregoric in suitable quantity.

FOR FLATULENCE.—

℞ Mannæ, ℥ ss.
Anisi sem, ℥ ii.
Aquæ bullient, ℥ viij.

M and rest for half an hour, strain and add

Magnes. carb., ℥ iv.

Sig. A wine-glassful every three hours, until it moves the bowels.

ANTISEPTIC INHALATIONS IN PULMONARY TUBERCULOSIS.—MIQUEL (Bull gén de thérap.—N. Y. Med. Journal) recommends the use of a spray containing the following ingredients:

Corrosive sublimate, 16 grains.
SYDENHAM'S laudanum, 5 drachms.
Distilled water, 2 quarts.

LE FORT (Ibid.) prefers this combination:

Camphor, 8 ounces.
Tincture of iodine, 30 drachms.
Pitch, 30 drachms.
HOFFMAN'S anodyne, 1 ounce.

This should be placed in a wide-mouthed bottle, and the vapor inhaled at short intervals.

A RESOLVENT OINTMENT FOR CHRONIC INFLAMMATION OF THE UTERUS.—MARTINEAU (Union méd.—N. Y. Med. Journal) employs the following rather complicated formula:

Potassium iodide, 75 grains.
Extract of belladonna, 30 grains.
Tincture of benzoin, 30 grains.
Sodium hyposulphite, 8 grains.
Oil of sweet almonds, 2 drachms.
Benzoinated lard, 6 drachms.

To be applied to the cervix on tampons.

Medical Progress.

BOROGLYCERIDE.—In the Medical News, June 6, 1885, DR. MAC. SMITH, comments on the results of his observation of the effects of this compound as follows:

In the wards of the Germantown hospital and dispensary, this comparatively recent compound, "boroglyceride," has been employed with such decided success and encouragement that, perhaps, to state some observations on the use of same will be of interest to the profession.

Boroglyceride is a marked hæmostatic, antiseptic, deodorant, and germicide, and prevents and arrests fermentation and putrefactive changes.

When applied to wounds, mucous membranes, etc., there is usually experienced a smarting sensation, which quickly subsides; it frequently renders a previously painful wound absolutely painless.

If, after minor amputations, the flaps be turned back, a 25-per-cent. solution applied freely, and the edges of the wound coaptated nicely, capillary hæmorrhage will be found to have been arrested and granulations promoted, but usually union by first intention is seen.

In anaplastic operations this agent will be found invaluable; a recent operation performed performed at the hospital by DR. L. WEBSTER FOX, will illustrate its value:

DANIEL E., aged seventy years, had an epithelioma involving the entire upper eyelid; the

tumor being removed, it was replaced by a large skin-graft taken from the patient's arm, and was dressed at various times with boroglyceride. When examined, on the morning of the fourth day, it was found that union by first intention, with little or no pain, nor suppuration, was the reward of this treatment; and, at the end of twenty days, the patient was discharged from the ward with a commendable eyelid.

Chronic ulcers, which have resisted the ordinary mode of treatment, have readily yielded to applications of a 50-per-cent. solution of boroglyceride, being first washed with alcohol.

Have had several chronic suppurating buboes, which, the patient claimed, resisted all manner of treament for about two years, but which promptly yielded to boroglyceride 50-per-cent. solution and alcohol, used in the manner stated above.

In cases of gonorrhœa and gleet, this agent, with carbolic acid, used as an injection, will be found quite efficient and reliable. Out of ten cases treated recently, eight are pronounced cured, and the remaining two marked progress; also, where the urethra is subject to irritation from passing a bougie, sound, etc., a weak solution used as an injection will be beneficial to allay the inflammation thus produced.

Gynæcologists will also find this agent of much value in metritis, endomertitis, vaginitis, leucorrhœa, etc. Boroglyceride, with carbolic acid, will render valuable service, and frequently accomplish the desired result with greater rapidity than the ordinary agents. A tampon can be left in the vagina, "first being moistened with boroglyceride" for six or eight days without becoming offensive.

Most inflammatory diseases of the skin, especially those of an itching or burning nature, are greatly benefitted by this therapeutic agent.

In case of inflammation of the throat, as tonsilitis, pharyngitis, etc., a 50-per-cent. solution diluted about one-half with water, and carbolic acid added, used as a gargle, has rendered most satisfactory results. Tannic acid may be added with advantage; great relief is also afforded in cases of acute coryza, by diluting a 50-per-cent. solution one half, and drawing it through the nares by a forced inspiration.

I have just been informed by DR. MULLER, surgeon to this hospital, that he has preserved, perfectly, pathological specimens for four years, and will probably remain as such for an indefinite time.

The ointment of boroglyceride, "unguentum boroglyceridi," appears especially adapted to, and efficacious in, the treatment of ocular diseases, more particularly, perhaps, on account of its convenient form, and being more suitable to add other ingredients. The following is the formula for making the ointment:

℞ Boroglyceride, 50-perc-ent. solution in glycerin, ℥ ij.
Vaseline, ℥ vi.
Ol. rosarum, q. s.
M.

Heat the boroglyceride, and, while hot, add it slowly to the vaseline, stirring it constantly until thoroughly mixed.

HELENINE.—DR. M. SCHUPPERT in a recent number of the Southern Pharmacist, *apropos* of the discovery of the antiseptic power of this agent, emphasises the importance of the exhaustive investigation of drugs in order to determine their range of utility.

Is it true, he inquires, that we have obtained in it one of the most powerful antiseptics? It is not so very rare that we observe at times a once esteemed plant, but which for one or another reason has become obsolete, to reappear in the therapeutical arena: be it that her former qualities have again been reëstablished, or that new ones have been discovered in her. To these plants belong the Inula Helenium, already known and in use at the time of HIPPOCRATES. Originally an æsthetic immigrant from Europe, she has since, in the course of time, obtained the unenviable reputation of a vegetable tramp, and, though given a place in our dispensatory, little, if any, use was made of her "tonic and gently stimulant qualities," and equally so seemed her beneficial action, externally applied, in psora, tetter, and similar diseases of the skin, for which she was once highly recommended, been totally forgotten.

Though fallen low in estimation and respect, the late discovery of one of her active principles as an unrivaled antiseptic, will no doubt again bring back her former estimation, and the farmer will no longer despise her as a nuisance on his acres.

In the Boletin Farmaceutico, of Barcelon, Spain, have of late appeared articles, in which one of that plant's active principles, called helenia, is spoken of as a most powerful antiseptic. An alcoholic solution of the "alkaloid" mentioned applied to slices of veal and kept at a temperature of 82.4° F. remained sweet for ten days, until completely dry. An egg, in a pint of water, beaten up, if five grains of helenine, dissolved in six parts of alcohol, were added, remained unaltered for six days, at the same temperature of 82° F., while in a similar mixture, without the helenine, decomposition took place already in 24 hours. But when to this mixture, in which putrefaction had set in, eight grains of helenine were added, the odor from the sulphide of hydrogen immediately disappeared, and the further process of decomposition became arrested.

Other experiments with meat, urine and beaten-up eggs were made with addition of phenol, salicylic and boracic acids; and while much larger quantities of these known antiseptics had to be used to prevent putrefaction, none of them was able to arrest putrefaction if already set in, as the helenine had accomplished. DR. KORAB found one part of a concentrated alcoholic solution of helenine sufficient to arrest putrefaction in 10,000 parts of urine, also that a few drops of the solution immediately killed the organisms in ordinary infusions, and also in cultivations of the tubercle bacillus. It is doubtful if this helenine of the Spanish author is the same as the helenine of GERHARDT ($C_{21}H_{24}O_3$) which is obtained by extracting the roots with hot alcohol in needle shaped crystals fusing at 72°. Its composition and fusing point are at least different. The Inula helenium or elecampane contains besides an essential oil and a camphor. The Inula camphor is isomeric with the common cam-

phor, and said to be most effective in driving off insects.

From all this it appears desirous to make further investigations and experiments, and should it appear to be the truth what has been asserted here, under Spanish authority, we will unquestionably have found an antiseptic of unrivaled quality, since even phenol and sublimate may under any circumstances turn out to be noxious antiseptics, aside from their inferior capacity compared with the helenine in question.

Experimental Researches on Antipyrin.—Professor Giuseppe Cesari has published the results of some important researches on antipyrin made in the laboratory of experimental pharmacology in the University of Modena. In frogs, a single dose of from three to four centigrammes injected under the skin produced in about a quarter of an hour dilatation of the pupil Reflex irritability was at first diminished, then gradually increased; the respirations became slower and irregular, being finally arrested. At last mydriasis appeared, together with some exaggeration of the reflex irritability, persisting for several days. With doses of from five to ten centigrammes the mydriasis set in rapidly and was more complete; there were paralysis, spasmodic contractions, mostly of a toxic type in the anterior and of a colic in the posterior extremities, exaggeration of reflex, suspension of respiration, and insensibility of the cornea; finally, death, with arrest of the heart in diastole, occurred in from two to 24 hours. In rabbits, as much as 60 centigrammes in one dose, or in two doses at an interval, did not occasion much disturbance to the animal; generally an antithermic action showed itself in about half an hour. Injected in doses of a gramme, in an hour the temperature was decidedly diminished, and in from one to two hours it was greatly reduced; there was muscular twitching, general tremor, wagging of the head, suspension of reflex, and slight paralysis of the limbs, especially of the anterior extremity; these phenomena disappearing one after another in six or seven hours after the injection. When two or more grammes were injected in a single dose the antithermic action was more rapid and more powerful, reducing the temperature nearly 4° C.; there was complete dilatation of the pupil and marked hyperæmia of the ear; collapse occurred quickly, and in one or two hours after the introduction of the drug the animal was seized with convulsions, increasing in severity and duration, mostly of a toxic character in the anterior and of a colic in the posterior extremities, which convulsions were repeated with still greater intensity on the application of the interrupted galvanic current, with marked retraction of the head on the back. In these cases antipyrin generally caused death in about five hours. In dogs, antipyrin, injected in doses of from two to three grammes, caused in an hour or rather more a copious white salivary secretion, accompanied by attempts at vomiting, and then by vomiting of alimentary substances, with more or less prostration, generally trembling, especially of the posterior limbs, whining, and fits of restlessness; then dilatation of the pupil was observed, extreme and persistent with a three-gramme dose, in which case the reduction of temperature was somewhat greater than if a dose of from a few decimals to two grammes was given, between which limits the reduction varied but little. The respirations and cardiac beats gradually increased, and sometimes returned simultaneously almost to normal. In the human subject, antipyrin administered by the mouth in doses of from one to two grammes, repeated till four grammes had been taken during the space of at least three or four hours, always reduced the temperature from a few decimals to 2°. There was often produced almost immediately a sense of heat in the face, sometimes a slight moisture of the skin, and more rarely sweating. In exceptional cases it produced a kind of coryza of short duration, and vomiting. The pulse and respiration rose and fell with the temperature. The drug could be detected in the urine.—*London Lancet*, June 19, 1885.

Normal Liquids.—As long as physicians continue to depend mainly upon vegetable drugs as therapeutic agents, and to employ them in the form of the time-honored galenical preparations, there must enter into all the results of their prescribing a certain element of chance, which, however delightful as affording a spice of variety to professional experiences, must be confusing to the logical faculty if we prescribe on the hypothesis that a definite cause, in therapeutics, will produce a definite and invariable result. Many of the most influential teachers of practical medicine, in the past, have maintained that medicine must be studied purely as an empirical art; the complicated conditions under which medicines must act precluding the possibility of any science of medication. To a certain extent they were right. The modifying influences of idiosyncrasy on the part of the patient, and of diseased conditions rendering necessary a constant exercise of the faculties of observation and judgment. The routinist constantly fails because he neglects this most important part of his training.

A curious deduction seems to have been drawn from this necessity of employing remedies skilfully. It is that it does not matter so much, since the physician in any case must feel his way, as it were, in the use of any remedy, whether the medicine itself is an agent capable of producing, qualitatively and quantitatively, definite effects. To us an exactly opposite conclusion seems the only one that should be deduced in the premises. If the constitution of the patient introduces of necessity a variability in all our clinical observations, it is all the more essential, in our humble opinion, that there should be in the therapeutic agent itself the greatest possible constancy of action. Physicians are growing more and more partial to the use of the definite active principles in place of crude drugs, not alone because they are less bulky and more convenient for administration, but because their action can be calculated with reasonable certainty in a given case.

Tinctures, fluid extracts, wines and syrups made from crude drugs according to the formulæ of the pharmacopœias, vary greatly in strength, because of the variability—of the crude drug itself with regard to, and in the proportion of its active constituents. At the same time this class of preparations possess

some important advantages in that they present us with the particular grouping of active constituents which exists in the drug itself, and upon which our clinical experience of its efficiency has been chiefly or wholly founded.

A new class of preparations has been introduced by the enterprising manufacturers, Parke, Davis & Co., to which they give the name of Normal Liquids.—which are identical with fluid extracts in all respects, except that their strength is carefully adjusted by assay to an absolute standard of strength. The standards of strength adopted are those of a drug of good average quality, so that the dose of the normal liquid is strictly that which the best authorities state as that of the crude drug. This, unquestionably, is an important step in advance in galenical pharmacy, and the character of the firm from which these goods emanate, leads us to expect that we shall find these assayed fluids a valuable aid in scientific prescribing. The name, normal liquids, we learn is not protected by any copyright, and each bottle bears a statement of the alkaloidal strength to which its contents are adjusted. We trust the liberal and scientific spirit in which these products are offered to the profession, will insure them the welcome they seem to deserve.—*The Southern Practitioner.*

THE TREATMENT OF CHOLERA.—PROFESSOR DA COSTA, in a lecture on this subject at the Jefferson Medical College, expressed the following views:

Prophylaxis.—Since filth of all kinds leads to a rapid production of the germs, the locality should be rid of the same. The dejecta and cess-pools should be disinfected. Inspect the source of water supply, since the germs can obtain easy access to wells. Drink only filtered water. Speedy burial of the dead should be urged. No change in diet is necessary. Live as usual. Better avoid stimulants in the prophylactic treatment. Among the disinfectants to be used are corrosive sublimate, zinc chloride, cupric sulphate, iron sulphate and permanganate of potassium.

Internal Treatment.—Must check the early diarrhœa if you desire to be successful, for, in most cases, if you stop this you put an end to the disease. For this purpose the most valuable remedies are sulphuric acid in combination with tr. opii deod., with aq. menth. pip. In India the acetate of lead, grs. iv, with pulv. opii, gr. j, at once with the diarrhœal outbreak, and continue every three hours until it checks the discharges. If the above cannot check the diarrhœa, use capsicum, gr. j, with opium and camphor.

Second Stage.—Here we have cramps, vomiting and purging. Now, stop the use of fluids; allow but a little ice in the mouth. This is a point of great importance. As little food as possible. Stimulus in small amounts, but frequently repeated. Mustard to the epigastrium. Administer, every hour or two:

℞ Tinct. capsici, gtt. ij,
Tinct. opii deod., gtt. x.
Aquæ camphoræ, ℥ ij.
M.

If the stomach does not retain the opium, give it hypodermically; but, if possible, give it by mouth, since it appears to have a local effect. To relieve the cramps, use chloral subcutaneously, in large amounts. When reaction has set in, allow fluids to wash out the kidneys. If he has not reacted, and is not doing well under opiates, try calomel, especially in cases in which the secretions have not been arrested by opium. Give at first, gr. v. to gr. x., then order gr. ½ every hour or so. When the pulse is sluggish, and the temperature below normal, use friction and a hot bath. In this the stage of collapse, stimulants will not be absorbed or they would be of utility, though brandy or whiskey might be tried hypodermatically.

Caffeine, gr. iss-gr. ij., hypod., stimulates the heart's action. If still the patient fails and the veins are swollen, etc., resort to blood-letting, but possibly the injection of fluids into the veins is better; often the results are marvelous. The thickened blood is made to circulate. Use for this purpose the following:

℞ Sodii chlor., ℥ j,
Sodii carb., ℥ iij,
Aquæ, Ovj.
M.

Get it up to 108° Fahrenheit and a specific gravity of 1.005.

Sig. Throw in a few ounces at a time, until 40 ounces have been injected. When the patient again flags, throw in a like amount.

The inhalation of oxygen has done no good, —*The College and Clinical Record*, June 1st, 1885.

DOMESTIC REMEDIES OF THE ARABIAN DESERT.—DR. E. GORDON HULL publishes an interesting paper on this subject in the British Medical Journal, April 11, 1885, in which he states that the remedies which the Arabs are in the habit of using are usually derived from the most widely distributed plants. As a diuretic, which they believe to be indicated whenever they suffer from pain in the back and gravel, they use the retem (Spartium monospermum), making a decoction of the top shoots in hot water, and drinking it. They say that it is also purgative. This shrub, which provides them with fuel, and their camels with a scanty nourishment, is almost universal and has a bitter taste. Several species of wild melon of the family of bryoniæ, allied to the elaterium, are also in common use as purgatives. Their method of employment is to split the fruit into halves, scoop out the seeds, and then fill the cavities with milk. After standing for some time the liquid absorbs the active principles of the plant and is then used as a purgative. Camel's milk also appears to be possessed of purgative properties. The order compositæ furnishes several medicinal herbs which the Arabs make use of. The Santolina fragrantissima, a plant of sage-green color, of bitter taste, and strongly fragrant smell, furnishes them, in the form of an effusion, with a carminative which they use for colic and all painful affections; while in the bazaars of Cairo the dried heads of this plant are sold for the same purposes as chamomile. Natives also claim that the smell of this plant is sufficient to drive reptiles from the house, and it is used for this purpose in Cairo and other towns. Another plant of the same order is an arte-

misia, or wormwood, with a strongly aromatic odor and bitter taste. This is also used to drive away vermin; and from the seeds of some varities of artemisia which grow in these parts santonin seems to be derived. In the wilderness of Judæa there is a variety of marigold which is very common, and which is used by the natives along the Mediterranean seaboard as a sort of tea for flatulence and pain in the abdomen. One of the commonest desert plants is the zygophyllum, so called from the leaves being composed of short, succulent, jointed segments. These bruised in water form a mucilaginous liquid which the Arabs largely employ as an application for sore eyes. A curious tropical plant which is found at the south end of the Dead Sea is the osher (Calotropis gigantæ), a large tree-like asclepiad containing enormous quantities of milky acrid juice. Its properties are stated to be powerfully purgative and emetic. The natives give it to women whose milk is scanty. The castor-oil plant also grows here, but its virtues appear to be unknown to the natives. Another common plant is a variety of hyoscyamus, of which the dried leaves are used to smoke and produce a kind of intoxication or delirium, and an infusion of the fresh leaves possesses strong narcotic properties. Only two mineral substances appear to be regarded by the Arabs as medicinal. One is sulphur, the other is a kind of common red coral found on the shore of the Red Sea, which appears, however, to be used as a charm.—*Therapeutic Gazette*, June 15, 1885.

How Shall the Physician Clean His Hands?—In No. 18, 1885, of the Centralblatt für klin. Medizin is an article by Dr. J. Forster, of Amsterdam, containing the results of experiments made with a view to determine whether the ordinary methods of cleaning the hands are really effective in destroying or removing all germs. The experiments were made with great care and all the precautions taken which are necessary in investigations about spores. The conclusion reached was that most of the methods, in common use, of washing and disinfecting the hands, do not succeed in freeing them from spores.

The method of experiment was to wash and scrub the hands in soap and water containing disinfectant substances in various proportions, and then wrap them in cotton-wool which had just been exposed to a temperature of 250 to 285° F. [The author points out that a towel hanging in a room might easily communicate germs to hands wiped upon it, even if the previous washing had been successful in freeing the hands from all organisms.] A finger was then inserted into a meat-peptone solution of Koch's cultivation gelatin in the same manner as in making a vaginal examination. The result was that unless the finger was completely sterilized, colonies of spores developed in the cultivation preparation in from 24 to 60 hours.

The disinfectant substances used were carbolic acid, boracic acid, chloride of lime, chloride of iron and corrosive sublimate. The only disinfectant which completely sterilized the finger so that no spores appeared in the cultivation medium, was corrosive sublimate in the proportion of 1 to 1000 or 1 to 2000. Repeated tests with this substance were performed without the development of a single spore in the cultivation medium, which was usually meat-peptone solution in which spores develop very readily. The solution in every case was tested afterwards to show that it could readily be colonized with spores. The hands were always washed with soap and water and scrubbed with a nail-brush before disinfection in the corrosive sublimate solution.

The other substances experimented with failed to sterilize the finger a single time and its introduction into the cultivation medium always resulted in the appearance of colonies of spores. Even the 2½-per-cent. solution of carbolic acid so commonly used for disinfecting the hands failed completely, as did also Billroth's plan of cleaning the hands with hydrochloric acid and a ten-per-cent. solution of phenol in glycerin. It is probable that there is no practical necessity for having the hands absolutely free from spores of every kind, in performing ordinary operations. Still it is a good thing to know how far ordinary methods succeed in disinfecting the skin; more important yet is it for the physician to know how he can surely disinfect his hands after exposure to an infectious disease.—*Northwestern Lancet.*

The Latest Specific for Gonorrhœa—Jacaranda Lancifoliata.—Jacaranda lancifoliata is a plant indigenous to Columbia, South America, and was brought over to this country by one, who, whilst traveling in the above state, found that the drug was used by the natives as a remedy in venereal diseases. Some of it was placed in the hands of Dr. Murray Smith and Dr. Alfred Wright to see what effect it had; and they were very much gratified by its influence in gonorrhœa, acute and chronic, and in vesical affections attended with purulent and muco-purulent urine. The drug acts specially on the genito-urinary mucous membrane, and appears to have no deleterious effect in any way, whilst it is taken without nausea, contrasting very favorably with most drugs given internally for these affections. As a remedy for gonorrhœa, it will take the place of all other drugs used internally for this disease. It has proved most efficacious in diminishing pain and stopping discharge in acute cases; and in cases of gleet it is most valuable, succeeding in effecting a speedy cure by its use in several cases which had resisted previous treatment, both local and general. A liquid extract is made from the leaf, and may be given in doses of twenty minims or half a drachm three or four times daily.

Mr. Z. Mennell has administered it in fourteen cases during the past four months, and has found it more efficacious than any other preparation, and it has succeeded in stopping the discharge without any complication, in, at the most, three weeks. He has tried it in two cases of syphilis (one in the secondary stage), and has found it, so far, most successful. In four of his cases, where no other treatment had been tried, it succeeded in fourteen days in stopping the discharge, and all inconvenience (chordee, etc.), with no return of any of the symptoms. In all the other cases, where other treatment had been followed, the result was just as favorable, only extending over a period

of three weeks. In none of his cases was an injection used, except where a discharge had persisted over four months, and in another case of long-standing gleet, giving the tincture in 15-minim doses, and an injection of the same, ten minims to the ounce. It stopped the discharge in three weeks, and there has been no return for a month. Sandalwood, injections of zinc, iodide of potassium, copaiba, and medicated bougies, did not succeed in stopping the gleet, or the inconvenience of constantly passing urine, until, in desperation, he used this preparation.—*British Medical Journal.*

KEFIR.—ZUBER has published a long article upon this subject, in a recent number of the Gazette hebdomadaire de Medicine et de Chirurgie. He defines kefir as kumyss made from cow's milk, but says this is not an exact definition, although it indicates the origin of the preparation. He goes on to say that kefir is "the product of a peculiar fermentation of milk," and is essentially an alcoholic fluid heavily charged with carbonic acid gas. The ferment, when isolated, is described as a yellowish substance, which tends to form small granular masses. When this is added to milk, fermentation rapidly occurs, carbonic acid gas being evolved, while the casein is coagulated. Commercial kefir is prepared by adding to a bottle of milk a teaspoonful of the ferment, and the milk is kept at a temperature of 15° R. for twenty-four hours, being agitated at frequent intervals. At the end of this time it is filtered, transferred to a fresh bottle, which is carefully corked, and again shaken, for twenty-four hours. This process is repeated once more, and at the end of the third day the strong kefir is formed. A strong preparation should foam violently when the cork is removed, should have a creamy consistence, and a pleasant acid smell and taste, and should be free from lumps of casein.

The following analyses are given by TUSCHNISKY, showing the change in cows' milk after it has passed through the fermentation process:

	COWS' MILK.	KEFIR.
Albumins	48.00	38.00
Fats	38.00	20.00
Lactose	.....	9.025
Alcohol	.....	8.00
Water and salts	873.00	904.975
	1000.00	1000.000

The density of milk is 1.028, that of kefir 1.026. Beginning with two or three glasses daily, the patient should increase the amount until eight glasses are drank each day. The writer states that the indications for the use of kefir are the same as for that of kumyss, viz., impaired nutrition, especially such as results from acute affections or digestive troubles. He cautiously adds that, although the most extravagant praise has been bestowed upon this new remedy, more careful observations are necessary "in order to define its precise therapeutic value."—*N. Y. Med. Journal.*

MURIATE OF COCAINE IN EXTERNAL HEMORRHOIDS.—The uses to which the muriate of cocaine has been put led me to try it as a local anæsthetic in the excision of external hæmorrhoids.

The patient was a man about fifty years of age, of nervous temperament, with a timidity of pain amounting to fear, dyspeptic, and general health below par. After having exhausted the materia medica of "remedies," and obtaining no relief, he finally consented to an operation. On examination I found the skin and mucous membrane around the anus a mass of corrugations with slight patches of ulceration between the folds; five piles protruded from the anal fissure, four of moderate size, and one with a base about two and one-half inches in its long diameter.

I considered this an excellent case for operation. After the usual preliminary preparation, I began by injecting one-third of a grain of muriate cocaine into each of three of the piles, and in about two minutes, with scissors, I excised them close to the base, the patient experiencing hardly more than slight discomfort. His timidity preventing any further operation that day, a week later I excised the remaining small pile in the same manner, and then began on the large tumor by inserting the needle of a hypodermic syringe, containing about two-thirds of a grain of the salt into the base of the tumor, injecting a few drops under the skin, then traversing the pile in its entire length, depositing the solution in the track of the needle to a point just within the skin on the opposite side. I withdrew the needle, inserted a tenaculum, put the pile upon the stretch, and excised it, without inflicting the slightest sensation of discomfort except that caused by the entrance of the needle into the skin, much to the surprise and delight of the patient.

This operation suggests to me the probability of the usefulness of this drug in the painful clamp and cautery operation for the removal of internal piles.

After the operation there was an unusual amount of mental excitation, slightly flushed face, and contracted pupils. This may have been due to the reaction from his profound depression previous to the operation, as I have not heard of any such effects having been attributed to the drug in the amount used.—H. A. SMITH, M. D., in *Med. News.*

THE BROMIDE OF ETHYL AS AN ANÆSTHETIC IN LABOR.—A paper was read with this title by DR. MONTGOMERY at the April meeting of the Obstetrical Society of Philadelphia.

Reviewing the various anæsthetics, he said that chloroform was objectionable in that it caused inertia uteri and tedious labor and increased the danger of post-partum hæmorrhage. The relative infrequency of fatal cases under its use in surgical practice, and the still greater rarity of serious results from its use in obstetrics, did not warrant its habitual use. The use of ether in natural labor was infrequent, because to relieve pain the patient must be profoundly etherized. Partial etherization only destroys the ability to bear pain without obtunding sensation. Besides, TAIT had demonstrated that ether passed rapidly into the circulation of the fœtus, endangered its existence. The mixture of nitrous oxide and air, advocated by KLIKOWITSCH required a special apparatus and was unwieldly. The ideal anæs-

thetic was one that was safe for both mother and child, certain in its effects, rapid in relieving pain without producing loss of consciousness, and the effects of which pass off quickly. All these demands were met by the bromide of ethyl. He mentioned 112 cases in which it had been used, 29 of which were in his own practice: none of the mothers died, and but three of the children. In none of the latter could death be attributed to its use. It was administered during the second stage of labor by placing a napkin wet with a few drops of the ethyl over the face at the advent of each pain, and withdrawing it as the pain subsided. Unless a drachm was used the sensation of pain was obtunded without arresting consciousness. The process of labor was carried forward vigorously and quietly, the patient ready to exert or withhold voluntary aid, as her attendant might direct, and the expulsion of the head was attended by no greater pain than accompanied the evacuation of obstinately constipated bowels. His experience did not lead him to believe that its use would induce inertia uteri or increase the tendency to post-partum hæmorrhage.—*Physician and Surgeon.*

SALICYLIC LEMONADE.—The British and Colonial Druggist says that as a "hospital beverage," which has lately been found of very great value in cases of typhoid and other fevers, scurvy and gout, the following cannot be too widely known, it having been, we understand, first devised by a late medical officer attached to the Soudan expedition:

℞ Fruct. limon, No. 10.
Acid. citric., ℥ ss.
Acid. salicylic., gr. 200.
Sacch. alb.,
Aquæ, ää q. s.

Squeeze the lemons and put the juice aside; boil the fruit in half or three-quarters of a gallon of water for fifteen or twenty minutes; after standing six hours take out the lemons, and again press them before throwing the exhausted pieces away. Add the juice and citric acid to the liquid, boil five minutes, and strain. Whilst hot add the salicylic acid, and stir until dissolved. Sweeten to taste with the white sugar, and make up the bulk to one gallon of water.

Salicylic lemonade may be taken freely, either of the strength here given, or diluted with half its bulk of water. It should be freshly made every two or three days, unless it be permissible to "qualify" it by the addition of a little pure French Brandy. If required to be in "bright" condition, add, when cold, a little beaten-up white of egg, boil for three minutes, and filter. If found rather too harsh for some tastes, dissolve in the boiling liquid, before straining, half an ounce of NELSON'S Patent Opaque Gelatin, previously swelled for five hours in cold water.—*Medical and Surgical Reporter*, May 30, 1885.

PELLETIERINE IN THE TREATMENT OF TAPE-WORM.—DR. H. WILFERL, in the Cincinnati Lancet and Clinic, reports several cases of tape-worm treated with pelletierine.

Five of the specimens were of the variety of tænia medio canellata: one of tænia solium found in the little boy.

Dizziness or vertigo was noticed in all the cases, coming on within five to thirty minutes after the remedy was taken, lasting from one to four hours. The dizziness, however, diminishes as soon as the cathartic begins to act.

The pulse, in some of the cases, was slightly increased, but I have never found any elevation in temperature.

In no case was the medicine administered unless the presence of the worm was assured.

Regarding the administration of the pelletierine, he states:

The evening preceding let the patient take a light purgative, and take only a light supper. The following morning give on an empty stomach 30 centigrammes sulphate of pelletierine and iso-pelletierine in a solution containing 50 centigrammes of tannin. Ten minutes later give a glass of water, and at the end of three-quarters of an hour a purgative. Advise the patient to pass the rectal contents in a vessel of warm water. Shortly after taking the medicine the patient is seized with vertigo, and the tænia is passed about three-quarters of an hour after administration of the remedy. In case of failure, that is, the worm passes away without the head, wait two or three months before again resorting to the remedy. The same rule should be followed whatever tæniafuge has been taken. Since we have carefully followed this course of treatment we have had numerous successes. In nine out of ten cases we succeed in finding the head. I can therefore affirm that pelletierine is an excellent remedy for tænia, if it be not the best. This statement is made in reference to adults. Until more is known about it, I would not venture to recommend it to children.

A NEW METHOD OF TREATING GONORRHŒA.—SENFTLEBEN (Monatsh. f. prakt. Dermatol.) used small medicated bougies, which he introduced into the urethra by means of an instrument that he calls a "pistol" (probably similar to a SIMS' uterine applicator), pushing them down to the membranous portion, where they are left to dissolve. The first application is said to be very painful, but the sensitiveness soon disappears. The following is the formula for one variety of these bougies:

Subnitrate of bismuth, white of egg, each, 15 grains.
Gum arabic. 45 grains.
Glycerin, 5 drops.
Mucilage 1 drop.

Make ten bougies, from seven to ten ctm. long.

Iodoform, sulpho-carbolate of zinc, corrosive sublimate and nitrate of silver are also used, in amounts varying from one-sixteenth of a grain (of the sublimate) to two grains. The following advantages are alleged: 1. The application is strictly localized at the seat of the inflammation, the exact situation of which may be determined precisely by means of the endoscope. 2. The medicinal substance remains in contact with the inflamed surface for a long time, which is not the case when injections are given. 3. The inflammation is cut short, so that the danger of stricture is averted. The

writer is not satisfied with pursuing the treatment until all discharge has ceased, but continues it until not a single sensitive spot remains in the urethra.—*N. Y. Med. Journal.*

A NEW TEST FOR BILE ACIDS IN THE URINE.—DR. OLIVER, of Harrogate, has, during the past week, been demonstrating in several of the London hospitals what he believes to be a new test for the detection in the urine of the derivatives of the bile salts. It is in the form of a test solution, and also in that of test paper. The reaction of the test is founded on the physiolical fact that where the bile mingles with the acid solution of peptones in the duodenum, the proteids are instantly and completely precipitated. The test solution is an acidulous antiseptic solution of peptone, and does not present to the urine a constituent extraneous to the orgaism. When brought into contact with a urine containing a bile-salt derivative, a precipitate resembling that of albumen when thrown down by nitric acid at once appears. By using a standard of opacity to represent the very delicate reaction induced in normal urine, DR. OLIVER showed how the quantity of the bile derivatives, as they appear in the marked deviations encountered in disease, can be readily gauged. He has, we learn, found bile acids plentifully present not only in the urine of jaundice and of other hepatic affections, but in that of several cases of anæmia (simple or idiopathic, leucocoythæmic or malarial), and of other morbid conditions; and his observations generally appear to be of some clinical interest. We understand that DR. OLIVER is preparing for early publication the data he has collected.—*London Lancet.*

THE PRINCIPAL ANTIPYRETIC DRUGS AND THE MODE OF RECOGNIZING THEM IN THE URINE.—Quinine gives a white precipitate with tannic acid; with solution of iodide of potassium and mercury (Tanret) it gives an abundant yellowish-white precipitate; with solution of iodine a brownish-yellow or chestnut-brown. The presence of salicyclic acid, carbolic acid, resorcine, and kairine is shown by the addition of solution of the perchloride of iron (no reaction with quinine), which gives rise to a reddish-brown, wine-colored, violet, smoky, or bluish color. If, on the addition of sulphuric acid, the color becomes clear red, kairine is present; if the color obtained with the perchloride disappear on the addition of sulphuric acid, salicylic acid or resorcine is present. Carbolic acid with nitric acid gives a blood-red brown color and precipitate, with lively effervescence. Resorcine and salicylic acid are unaffected. Caustic potash, added lastly in excess, gives a golden yellow flocculent precipitate with resorcine; with salicylic acid the original violet color partly returns. If the urine be diabetic, to avoid error, it is well to boil it to drive off volatile products, such as acetone, which would falsify the reaction with the perchloride of iron.—*The London Medical Record*, April 15, 1885.

HYDROCHINON.—DR. FRANCIS KINNICUTT (Medical Record), during the past three months, has been carrying on a careful study of the effects of hydrochinon. The chemical name of this drug is dihydroxyl benzole, and it was found by BRIEGER (*Berliner Med. Wochenschr.* No. 29, 1884) to be a marked antipyretic. DR. K. has been giving it in doses of fifteen to twenty grains. The conclusions drawn from his experience are the following:

1. That in hydrochinon we possess a new and most efficient antipyretic.

2. That its use is apparently unattended with any injurious effects.

3. That the antipyretic effects of a single dose is comparatively temporary, resembling in this respect that of kairine, thalline, and antipyrine; that the maintenance of moderate temperatures in hyperpyretic conditions can be safely obtained, however, by repeated doses.

4. That while apparently without effect in arresting a specific disease process, its employment is conservative and productive of a marked amelioration of many of the symptoms incident to high temperature.

5. That with our, as yet limited experience with the drug, it should be given prudently, and its effects carefully observed.—*Louisville Med. News.*

BATHS OF PERMANGANATE OF POTASSIUM.—DR. HULLMANN, of Halle, first used this remedy in 1879, for a two-year-old child that was suffering with a scrofulous eruption—eczema and impetigo. After other means had been tried without benefit, he ordered a full bath of permanganate of potassium solution, so strong that the color of the water was between a dark rose and a violet. The child was kept in the bath until the water began to take on a brownish tint. After two weeks of this treatment the eruption entirely disappeared, leaving a slight yellow color to the skin, which disappeared in a few days. Since then DR. HULLMANN has used it with success in the so-called scrofulous exanthemata, in prurigo and eczema, in intertrigo, and during the desquamative period of measles, scarlet fever, and varicella—with the latter, as a preventive against infection. He found it of most benefit when used after free washing and the use of the brush to remove all scales, scabs, and other accumulations. The proportion of the solution required is about grs. xv to ℥x. It is put into hot water, which is then allowed to cool in the bath tub.—*Archiv. für Kinderheilkunde*, B. VI., Hft. 3.—*Jour. Amer. Med. Asso.*

BERBERIS AQUIFOLIUM IN ECZEMATOUS AFFECTIONS.—By kind permission of J. H. KELLY, M. D., L. R. C. S. I., of London, England, we are enabled to publish the conclusions he has arrived at, after a study of the therapeutic effects of berberis aquifolium. In a recent communication to MESSRS. PARKE, DAVIS & Co., requesting this drug, he states:

"I am satisfied not only that it is a valuable alterative tonic, but that it possesses a marked influence in eczematous affections, whether dependent on syphilitic taint or not.

"It is particularly applicable in that form of eczema in which there are numerous dry crusts attended with itching. In several cases I combined with the berberis aquifolium, the fluid extract of cascara amarga, as follows:

Fl. ext. cascara amarga, ʒ vj.
Fl. ext. berberis aquifolium, ʒ iv.
Syrup ad. ʒ iij.

giving a teaspoonful of this three or four times daily. I do not entertain a doubt that the *remarkable* and *rapid* amendment in these cases depended on the action of the berberis."

Walnut-Tree Bark.—J. C. Ugaz, writing in the Cronica Médica, of Lima, calls attention to the vesicating property of the inner bark of the walnut-tree. He cut a square of about two inches each way, stripped off the outer bark, macerated it in vinegar for a quarter of an hour, and applied it to his arm on going to bed. He was disturbed in his sleep by the discomfort produced, but, wishing to carry out the experiment, controlled himself. After about an hour he awoke in severe pain, and tore off the bandage and piece of bark. In the morning there was no pain, but three large blisters filled with serum and covered with a blackened skin had appeared. The writer also applied the bark to the lip of a boy suffering from hypertrophic lupus, and dusted the blister with calomel. He did not see the boy for eighteen days, and when the latter returned he was completely cured. Señor Ugaz asks, "Can walnut and calomel be specifics for lupus?"—*London Lancet.*

Von Schroder on Pelletierine.—The author has studied (*Archiv für Exper. Pathol. und Pharmak.*, 1884, No. 3) the action of this drug on several living specimens of tænia serrata placed in a solution of chloride of sodium and bicarbonate of sodium at the temperature of the body. Five minutes after the addition of 1-10,000th part of pelletierine to the fluid the tæniæ became motionless, but they soon recovered when taken out of the solution. When left for ten minutes or more in the solution containing pelletierine, they were entirely deprived of their vitality. In the second part of his paper, the author gives the result of his experiments with frogs, pigeons, and rabbits. Pelletierine produces in them an exaggeration of the reflex movements and some trouble of coördination; it also causes a considerable increase of the blood-pressure, so that its use is contraindicated in aneurysm and atheroma.—*London Med. Rec.*, May 15, 1885.

The Pneumonia Cocus.—L. Brieger has examined the cocus described by Friedländer as the excitant of the croupous form of pneumonia. It was cultivated with success in solutions of grape and cane sugar neutralized with lime, and containing fibrin and nutrient salts. The cultures, even after two months, when injected into the breasts of mice and guinea-pigs produced distinct pleuritic symptoms. The guinea-pigs resisted the effects strongly, few of them dying; their exudations contained cocci and minute rods in their characteristic capsules. There is nothing in the chemical constitution of the cocci to account for their virulent character. The author tried to produce ptomaines from pure culture, but without success.—*London Lancet.*

Paraldehyde.—Dr. T. Suñol states in the Independencia Médica that he has used paraldehyde hypodermically in doses of half a drachm to one drachm, in bronchitis, tuberculosis, jaundice, typhoid, rheumatism, gastritis, heart diseases, pleurisy, neuralgia, and alcoholic delirium, generally inducing a sleep of from two to six hours, a sleep calm and untroubled, and not followed by headache on awakening. He has only observed excitement in febrile patients. As it does not affect the beats of the heart, it is better than chloral in cardiac cases with much debility, and especially where there is fatty degeneration.—*London Lancet.*

Tincture of Benzoin in Influenza.—In the Brit. Med. Jour., March, 1885, p. 682, Dr. W. Brydon endorses the remarks made by Mr. Kebbell in the Journal of February 28, in recommending the use of an inhalation of tincture of benzoin in cases of common nasal catarrh. Dr. Brydon tried the inhalation on himself at the beginning of an attack of influenza, and obtained relief in a very short time. The uncomfortable stuffy feeling of the nostrils and other symptoms speedily disappeared, and after repeating the inhalation several times no trace remained of the catarrh by evening. Dr. Brydon tried the inhalation on two of his patients, and met with as good results.

Muriate of Cocaine in Gout.—Dr. D. D. Davidson, of Philadelphia, states that he has in a few cases most satisfactory results from the use of this drug in gout. He uses a two per-cent. solution, which is poured into the palm of the hand and then rubbed over the painful part. It only gives temporary relief, but this is a great desideratum and rather unusual, as so far this local anæsthetic has not had the credit of having any effect on the skin. He also tells us that when the pain returned it was less severe. He, too, has also found this drug useful in earache.—*Midland Med. Mis.*, May 1, 1885.

Boric Acid as a Preventive of Mammary Abscess.—Ressein (Bull. gén. de thérap.), in a thesis on the use of antiseptics during lactation, says that, if any excoriation is detected, however slight, it should be dressed at once with a solution of boric acid (1 to 30) applied on a compress, the latter being covered with rubber cloth to prevent evaporation. The breast is to be carefully supported by means of proper bandages. Boric acid is preferred to other antiseptics because of its having no odor and not being poisonous.—*N. Y. Med. Jour.*

Euodia Longifolia.—The Pharmaceutical Journal states that the leaves of a rutaceous plant, Euodia longifolia, a native of Fiji, have been successfully employed by native women as a preventive of miscarriage. The infusion of the leaves is used for several months previous to parturition. It is made in a most effectual manner by rubbing the leaves into a pulp with cocoa-nut milk, adding more liquid and then straining, the resulting greenish mixture forming the medicine.—*London Lancet.*

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Original Articles.

THE MORTALITY OF CHILDREN IN HEAD-LAST BIRTHS.*

BY E. P. CHRISTIAN, M. D., WYANDOTTE, MICH.

The subject of this paper is suggested by an inquiry of DR. D. W. FLORA, of Newaygo, in the MEDICAL AGE, of May 11. He asks, in what proportion delivery by the feet, has been attended by death of the child? He estimates "that in one-third of the cases where breech, back or foot presentations have been brought away feet first, he has found the child exsanguinated, and the placenta free from its attachments."

He says, further, "now, whether the detention of the head in the lower rim, in the last stage, and its consequent pressure upon the cord, or whether the connection between mother and child, before birth, by the placenta becoming detached, was severed, the result was the same in either case. The heart had ceased to beat, and of course all efforts at artificial respiration were useless."

This inquiry has prompted the examination of my own records of some considerable experience in these cases, to assist, in so far as these records may help, in answering the question of what proportion of deaths of children attend these births. It will also be of interest to compare the ratio of mortality in different classes of head-last births, for this will be found to be greatly different in cases of version and delivery by feet for malpresentations of child and placenta prævia, from that in normal breech or footling presentations, or from that of lower-extremity presentations in twin births.

It will also be of interest to note special features and complications of cases which have added to the difficulties of labor, and increased mortality in these cases.

In regard to the exsanguinated appearance of many or most of these still-births, from simple detention of the head in the lower rim, I believe my experience corroborates the observation of DR. FLORA, and the appearance is strikingly like that of still-births from placenta prævia, where the placenta has come away in advance of the head; or in cases of separation of placenta in the operation of turning, which sometimes happens, and is, doubtless, in a degree, responsible for the high rate of mortality in these cases.

For examination and comparison of mortality, I have classified my head-last births under the three heads of:

1. Cases of version for mal-presentations.
2. Breech and foot presentations.
3. Twin-births, in which one or both children have presented by breech or foot.

Total number of head-last births	71

Total mortality, 31, or, 43 + per cent.

Cases of version for mal-presentation of fœtus	23
Cases of version for placenta prævia	1
	24

Died, 17, or, 71 per cent.

Breech presentations	29
Footling	4
	33

Dead, 11, or, 33⅓ per cent.

Twin births, in which presentations occurred by breech or foot:	
Number of labors	14
Children presenting by lower extremity	14

Mortality, 3, or, 21 + per cent.

From this exhibit, the mortality to children appears to range in the different classes of head-last births, from 21 + per cent. in the twin births, and 33⅓ per cent. in breech and footling presentations, to 71 per cent. in versions, averaging, for all, about 43 per cent.

In regard to the large number of versions and the large mortality of children in these cases, in this exhibit, it must be borne in mind that where the business is largely in the hands of midwives, and that while they may manage ordinary cases of head-last births, that cases of malpresentation requiring version are these in which a physician's services are required, and from the midwife's inability to recognize the nature of the difficulty and the danger, or from other causes, the physician is apt to be summoned at a late stage. As an illustration:

MRS. S., German woman, living eight miles distant in the country, was in her 12th labor. All her previous labors, in which she had been attended by a woman, were natural and safely terminated. After having been four days in

*A paper read before the Wayne County Medical Society.

labor, the waters having been discharged on the first day, and the woman showing grave symptoms of exhaustion, I was sent for. Owing to a shoulder presentation, the child had failed to descend sufficiently for the woman in attendance to make out the condition. Version was at once performed and the woman delivered of a still-born child, and she herself died several days after from hæmorrhage, before medical aid could be procured, owing to the distance.

So, too, much of the mortality in ordinary breech births will be found owing to circumstances in no way connected with the presentation, or only indirectly.

Among complicating circumstances contributory to mortality, in such cases, are the following:

In one case of twin births, the first child presenting by lower extremity, its head was detained by becoming locked with head of second child descending in advance of the head of the first, by occipital apposition—the first child in occipito-posterior, the second in occipito-anterior position. The first was born dead, the second all right.*

In one case of breech presentation, the woman was in her ninth labor. Her eight preceding labors had all been terminated by forceps, on account of difficulties from a narrow pelvis. This, her ninth, was the largest child she had borne. The head was brought away by forceps, an assistant raising the body over the woman's abdomen. The child was dead. The mother did well.

In one case of version, the woman was delivered of twins in her labor, but I have chosen to record it under the head of versions. The first child was delivered before my arrival; the second was found to present by left arm, and the woman moribund from a ruptured uterus, through the rent of which the feet were found to protrude in making search for them. The woman died in a few hours. It was said she had been violently beaten and kicked in the abdomen by a brutal and drunken husband a few days before.

In one case of breech presentation the woman went into convulsions. The forceps was applied to after-coming head. The child was dead, the woman recovered.

In one case, a footling presentation and an easy and speedy labor, the child was born putrid, being one of a succession of still-born children of the same woman, from syphilitic disease of the father.

In one case, though the child was born living and is so classified, yet the malformation from arrested development was such as to render independent existence for any length of time an impossibility, and its feeble existence soon terminated.

* The case has been read before, and published in transactions of State Medical Society.

The forceps was applied to the after-coming head, in all, four times; in three cases of version, in two of which the children were dead and in one alive; and in one breech presentation, as before noted, in which the woman was in eclampsia, the child dead.

Of the twin births, there was one case in which both children presented by feet, and two cases in which they presented, one by breech and one by foot, and all born living.

The ratio of head-last births of children of viability in my practice has been about 1 in 23½, which is a considerably less proportion than that given by DR. J. A. WESSINGER in his experience in MED. AGE of May 25th 1885, viz., 1 in about 15.

The rate of podalic deliveries by version was about 1 in 50, but this represents the number occurring in the practice of several midwives, as well as some in the practice of other physicians. Certainly more than half were such. The ratio of breech and footling was 1 in 68⅛. That of lower extremity presentations in twin labors was 1 in 118.

For the purpose of comparison, I give the figures representing the ratio of occurrence and mortality to children in these several classes, from the tables compiled by DR. CHURCHILL (edition 1860) from large numbers of parturitions.

Number of version cases, 3347; children lost, 1472; as he says more than 1 in 3—really 1 in 2¼. It would seem to me probable that many of the reports from which his tables are made up, had given only the deaths attributable to the operation, and not the whole of the children born dead from causes necessitating version, as placenta prævia, etc., and from delay caused by attendance of ignorant and incompetent midwives. For while in some reports the mortality does not vary greatly from my own, as for example DR. CLARK in 48 cases gives a mortality of 35, or about 75 per cent.; DR. BEATTY in 6 cases gives 6 children lost; and DR. CHURCHILL himself, of 11 cases, gives 8 children lost; in others the mortality has been 1 in 4 to 5.

The ratio of versions to labor in DR. CHURCHILL'S tables is 1 to 122½.

In 1148 cases of breech presentation in DR. CHURCHILL'S tables there is given a mortality of 337, or about 1 in 3⅓. About the same as my own. These, presumably, include breech presentations in twin births also, in which class, in my own case, the mortality has been a little more than 1 in 5.

The ratio of occurrence as follows:

Breech presentations	1 in 59½
Lower extremities	1 in 105
Total	164½
Ratio	1 in 82¼

In DR. CHURCHILL'S table of twin births the total mortality is given, and not that of those presenting by breech or lower extremities alone, as in my case.

The figures are 2596 births of twins (labor, 1298), children lost, 636, or about 1 in 4. In my own the mortality was 1 in 5 of those coming head last.

In his tables the proportion of twin labors to all was 1 in 83, in my own about 1 in 102.

THERAPEUTIC VALUE OF BURDOCK SEED.*

BY JOHN R. JONES, M. D., LEESVILLE, MICH.*

Without pretense to be scientific on the subject, I have written this paper to narrate a few facts, and draw the attention of this Association to the latent capabilities and medicinal virtues possessed by the ripe seeds of the common burdock—the lappa officinalis of the U. S. Dispensatory, but of which there is no officinal preparation—a plant or seed so common and well known to all, as not to require any description here.

From early times the plant has been more or less used as a remedy for rheumatism, and various skin affections, and was supposed to have alterative and tonic properties, but it never attained to any greater eminence than hosts of other household remedies, although an occasional writer advanced its claims.

That the ripe seed of the plant has decided therapeutic value, I feel assured, although the literature upon the subject is very meagre; but the results from its use in the few cases which have come under my observation, coincide with, and corroborate those of others, already upon record.

Each case recorded adds to the sum total of general knowledge, and helps to supply the data from which to draw definite conclusions: hence, I cheerfully add my mite and give you the reasons for my belief.

About eight years ago I met a friend, then in his 79th year, whom I had not seen for a few years previously. Knowing he had been a martyr to chronic rheumatism, I expressed surprise to see him walking nimbly, unaided by crutch or cane, one of which had been his constant companion heretofore.

"The story is a short one," said he, "and easily told. An old lady advised me to use burdock seed. I did so, and am cured of rheumatics." Two years later I saw him again; his rheumatism had not returned.

The old gentleman died suddenly since then from heart disease, after a walk of some distance, at the advanced age of 85 years.

The preparation he used was a whisky tincture, made by macerating a handful of the ripe seeds with a few pinches of colchicum seed, in a pint of old rye, and to which was added some spirits of nitre.

The presence of colchicum in this case detracts from the merit ascribed to the burdock seed, but at previous times the colchicum had been taken without much, if any benefit; hence, it is presumable the burdock was the active principle of the mixture.

In September, 1882, DR. SQUIBB published in his "Ephemeris" (Vol. 1, No. 5) a letter written by DR. W. C. REITER, of Pittsburgh, Pa., extolling burdock seed as a cure for Psoriasis Inveterata and atonic dyspepsia.

The letter was interesting and convincing, and a reprint of it appeared in full in the November number of the Therapeutic Gazette, 1882. The writer of it having himself been a sufferer for years, was by its use completely cured of an inherited psoriasis, and when after a period of thirty years' exemption from the disease it broke out in an aggravated form, he resumed the same remedy. The result was complete restoration to health.

He writes, that his success in the treatment of atonic dyspepsia with the tincture of burdock seed was so marked that he could with difficulty obtain sufficient seed to supply the demand for the tincture, and adds, "The therapeutical action I could best reduce to form by calling it an alterative stomachic: it appears to improve all the nutritive, secretive, and assimilative functions."

In the case of DR. REITER, the first improvement he noticed was in his digestion. To use his own words: "All my life I had to deny myself many things, or suffer. Now I could eat anything, and only knew I had a stomach from the singular delight we all feel in satisfying a keen appetite with luscious food."

DR. PIFFARD in his work, "Materia Medica and Therapeutics of the Skin," says, eczema is, undoubtedly, due, in his opinion, to the blood condition, resulting from imperfect assimilation of the food, and deficient oxidation of the protein compounds existing in the blood.

Wishing to test the merits of the burdock seed, I selected two patients—elderly, intelligent, well-informed men—one of whom had suffered for many years from chronic rheumatism, and had tried numerous remedies legitimately prescribed, including salicylic acid and its salts, without obtaining decided benefit.

The other was afflicted with a chronic eczema of the scalp and forearms, which had the following history:

About 20 years ago a small eczematous spot appeared upon the scalp, above the left temple, but under medical treatment it got well. A few years later it reappeared, and constantly, though slowly, increased in size, although treated continuously for the next 13 years by

* A paper read before the Detroit Medical and Library Association.

many physicians, both regular and otherwise, and it is presumable that at times he received orthodox treatment, some of his physicians being members of this Association. His arms and other portions of his body became affected also, and the condition of the scalp had now become much worse.

The patient's head being bald, and his complexion florid, the eczema, owing to its prominence, was a source of great annoyance and disfigurement. The patch had become irregularly circular in form, extended over a large portion of the head, was of deeper color than the surrounding skin, had an elevated appearance, with thickened edges, and was generally moist.

Patent nostrums were also tried but without benefit.

By my solicitation these men consented to give the burdock seed a fair trial, which they did, one agreeing to furnish the seed and the other the whiskey, the resulting tincture to be used between them.

The mode of preparation was simply that of macerating the coarsely ground seed in whisky, in the proportion of 2 oz. to 1 pt.

A tablespoonful three times a day, before meals, was the dose taken.

Results : A firm faith in the remedy was soon established and its efficacy proved, beyond doubt, in the case of the patient with the eczema. Improvement was rapidly progressive, and cure was complete in less than nine months.

The medicine was bitter, and at times it became tiresome to take it, so that periods of irregularity in its administration occurred, but an apparent retrograde movement would admonish him to follow up the treatment with more vigor, until he became so thoroughly convinced that he was getting well that it required no urging to have him persevere.

It is now more than a year since the disappearance of the disease, and a few days ago I failed to find, upon close examination, any mark or shade of color by which to localize the spot which was for so many years an unsightly sore.

I think, gentlemen, this case alone proves much in favor of burdock seed as an alterative. In this case there was absolutely no other medicine used, either singly or in combination, nor any local medication adopted whatever, and the patient claims to be not only cured of his eczema, but to have felt better in every way since, than for years previous, and also to have lost the rheumatic pains which had given him much trouble in other years.

The rheumatic patient experienced decided relief, and for a time felt well, and is now much better than at any time during the previous ten years, but he has occasional reminders that his adversary though subdued has not been vanquished.

For a long time he put his faith in doses of the burdock to ward off those attacks (which are no longer severe), but lately he has switched off on a side track, and varies his treatment with something formulated in DR. CHASE'S receipt book.

Both patients at times tried the fl. ext. of burdock seed prepared by P. D. & Co., which, although pleasanter to take than the whisky tincture, they thought less efficient.

In several cases requiring tonic treatment, where the appetite was defective, I have given the fluid extract with decided benefit.

I gave it a personal trial extending through several weeks, and observed no unpleasant effect whatever. The appetite was improved and the secretions from bowels and kidneys decidedly increased. If the fluid extract was taken in doses of two drachms or upwards and repeated three or four times a day, catharsis was produced.

The fluid extract, when added to water, makes a milky mixture, which is not unpleasantly bitter, has a slightly aromatic taste, and when swallowed produces an agreeable sensation of warmth in the stomach.

Gentlemen, I am aware that summer is not assured by the advent of one swallow, nor a positive value established for a remedy from successful results of its use in a few cases, but if your attention has been sufficiently enlisted to stimulate some of you to further research in this direction, this paper has accomplished its purpose.

COMPOUND FRACTURE OF THE TIBIA WITH REFERENCE TO TREATMENT.

BY J. A. WESSINGER, M. D., HOWELL, MICH.

The subject of this article is Mr C. K., aet., 26, has always been quite healthy and actively engaged in farm work. On the afternoon of September 8th, 1884, while crossing a defective bridge, as driver of a threshing engine, the bridge gave way, precipitating the driver and engine into the water below. During this accident the right limb of the patient was caught between the heavy traction chain and the forward wheel of the engine, thus producing an extensive lacerated wound, together with an oblique fracture of the tibia, at the middle of the lower third of the leg. I saw the patient about one hour after the accident. At this time he was quite faint from loss of blood. Upon examining the wound found that some of the collateral off-shoots of the anterior tibial artery had been ruptured, from which the hemorrhage resulted. These arterial twigs were closed by torsion, which readily controlled the hemorrhage. The patient being placed on a low cot, I applied two splints, one on the outside and one on the inside of the leg, extending

from the knee to the foot, and padded the limb with cotton wool, except at the seat of injury, which was left open to view. The wound was dressed with carbolized cotton wool.

Sept. 9.—Found patient restless; had not slept during the night, after taking ¼ gr. morphia. Pulse, 90; temperature, 100°. Quite severe hæmorrhage had taken place during the night, which was readily controlled with the cold compress. I then dressed the wound the same as before, and ordered 3 grs. quinine every two hours, internally, as an antipyretic.

Sept. 10. Patient restless; had not slept much during the night, suffering quite severe pain, anorexia, tendency to diarrhœa. Pulse, 100; temperature, 102°. The wound appeared very angry, emitting an offensive odor, together with a well-marked erysipelatous flush of the surrounding integument. I informed the patient and friends of the nature and gravity of the complication that was about to arise, and advised amputation. The relatives being very much opposed to an operation, I again resorted to antiseptics, filling the wound with iodoform and protecting it with borated cotton; with internal treatment same as before.

Sept. 11. Patient had suffered very little pain during the night, slept some, no appetite. Temperature, 100°; pulse, 85. Very little odor at seat of injury; more healthy appearance of wound and surrounding parts.

Without entering into a tedious report of the appearance of the case upon each successive day, suffice it to say that under the iodoform treatment the wound did well, and the patient made an uninterrupted recovery, being able to walk, with the aid of crutches, at the end of the eighth week after date of injury. At the end of the fourth month the patient could walk without the aid of crutches, and at present writing is doing an ordinary farmer's work.

Remarks.—Compound fractures of the leg are always very severe injuries, and, doubtless, in these cases, amputation often presents itself to the mind of the surgeon. But, before taking up so grave a procedure, as an amputation must always be—imprinting itself distinctly and visibly upon the unfortunate patient during his entire physical existence in the future—we should carefully consider and apply the less severe, and oftentimes more successful methods of treatment. I do not wish to be understood as advocating unnecessary delay or neglect in regard to amputation. However, I believe that much may be done through a judicious application of the antiseptic principle of treatment in these cases, and until something better shall set it aside, I shall remain a strong advocate of antisepticism in the treatment of injuries and disease.

DETROIT MEDICAL AND LIBRARY ASSOCIATION.

The regular meeting of the Detroit Medical and Library Association, June 15, 1885, was called to order. The president, DR. INGLIS, in the chair.

Twenty-five members were present.

DR. INGLIS spoke briefly on the eminent laryngologists who were to hold their meeting in Detroit in June, and in behalf of the Detroit Medical and Library Association he had tendered them a ride upon the river on one of the ferries, with refreshments on board. This invitation was given weeks ago so that the programme might be printed in time.

The president's action was cordially endorsed.

DR. H. O. WALKER presented a specimen of a good-sized vascular polyp of the uterus which he had removed a week ago. He first saw the case June 6th with DR. CHAS. E. CASGRAIN, of Windsor. The patient, Mrs. G., aged 44, gave birth to her last child ten years ago, since which time she had not been well. For the last year she had had frequent uterine hemorrhages, from which she had become much emaciated. DR. CASGRAIN discovered the cause of the trouble some time ago, and advised its removal.

The polyp was readily exposed to view by means of SIMS' speculum; the polyp lay well down in the vagina, and had its attachment to the right uterine wall, about one inch and a half above the external os. It was easily removed by means of a wire ecraseur.

DR. WALKER presented a second specimen which consisted of a large portion of strangulated omentum which he had removed in a herniotomy. The patient, Mrs. W., æt 48, was first seen by the doctor in consultation with DR. HOKE, on June 9. That morning, while lifting, she experienced considerable pain and a sudden increase in size in an old hernia that had existed for ten years, since the birth of her last child. The seat of the swelling was above POUPART'S ligament, on the right side, nearer to the anterior superior process than to the symphysis pubis, and about three inches in length. DR. HOKE was of the opinion that he had partially reduced it. On manipulation it was hard and doughy—resembling a chain of enlarged lymphatics. As there was no constitutional trouble it was decided to await further developments.

She passed a comfortable night. During the day (June 10) she vomited frequently. She was anæsthetized, and an effort by manipulation to reduce the hernia failed. An incision was then made midway between the symphysis pubis and the superior spinal process, exposing to view a large portion of strangulated omentum, together with a nuckle of intestine the size of an English walnut. Cutting the con-

striction free the intestine readily slipped back, and as the omentum was adherent and gave no evidence of returning circulation, the portion which is exhibited was ligated and removed.

There was a large quantity of bloody serum in the pelvic cavity, which was thoroughly sponged out before the wound was closed. It is now five days since the operation, and there has been no rise of temperature. There is every prospect of a good recovery.

This makes the third case of herniotomy made by the doctor since March 15, 1885. In two he removed portions of the omentum, and in all obtained good recoveries. The doctor regards his success to be due to a free opening and thorough antiseptic cleansing of the pelvic cavity, before closing the external abdominal wound.

DR. CARSTENS exhibited a large and a small fibro-myoma of the uterus which he had removed that morning. The patient, Mrs C., aged 40, had never borne children. About a year ago the doctor detected a tumor to the right of the uterus, which gradually increased in size, causing various disturbances, such as pain and hemorrhage. It was decided to remove the tumor.

June 15 he operated, performing the operation through the abdomen. The large tumor was found to be in the broad ligament, and was easily enucleated. The smaller was in connection with the fundus by a vascular pedicle, which bled furiously when cut. The operation was performed with every antiseptic precaution. A week after the operation the case was progressing nicely.

DR. J. R. JONES read a paper, entitled, "The Therapeutical Uses of Burdock Seed." (See page 291.)

DR. CARRIER called attention to several forms of dry, scaly skin diseases that the burdock seemed to help, and said that psoriasis usually came in healthy people, in those who never had dyspepsia at all, and he could see no reason for giving it when there was no trouble with the stomach. Where skin diseases are due to atonic dyspepsia, then it is that they are helped by the burdock, for that is known to be a stomachic cure.

DR. J. G. JOHNSON thought that the whisky with which the drug was prepared had much to do in producing a healthy condition of the gastric membranes.

DR. PRATT'S experience with the drug was limited to one case. A man with dry eczema of the scalp and whole body, has no stomach affection, and has used this preparation with some beneficial result.

DR. INGLIS urged that physicians generally should not treat diseases by names alone, but should go to the root of the matter to make a clear diagnosis. This should be done especially in skin diseases. Treat the cause and not the name of the disease, and the prognosis will be better.

DR. CARRIER verified DR. INGLIS' remarks by showing how persistent acne of the face was in women who had uterine troubles, the former not being cured until the latter was relieved.

Summer diarrhœa in children was selected for discussion at the next meeting, and DRS. CARSTENS, MILLS, PRATT, and JENNINGS, were appointed to take the lead therein.

DR. CHITTICK reported several cases of German measles. One case, which had a very high temperature, but which eventually got well.

DR. LONGYEAR reported a case of miscarriage, which had been induced by an electric bath at one of the bathing rooms in the city. When called, the doctor administered drachm doses of viburnum prunifolium, and succeeded in checking the discharge of the fœtus.

This medicine checked the pains, but they came on again after a week, and a dead fœtus was expelled. The fœtus looked as though it had been dead for several weeks, and was, no doubt, killed when the electric bath was given.

The doctor called especial attention to the prompt effects of viburnum prunifolium in checking uterine pains.

He urged that the profession insist that those who keep these bathing establishments should not give electric baths so promiscuously, for, as in this case, much harm could be done.

DR. JONES reported a case of the passage of a gall stone, in which the pain was very severe, requiring large doses of morphine. The new remedy, paraldehyde, was given without effect.

DR. CARRIER reported a case of miscarriage in which the placenta and bag of waters were discharged intact, but no fœtus could be found. The woman was about three months pregnant, and for six weeks had had an occasional hemorrhage. This, however, was controlled by the use of ext. ergot fl. and viburnum prunifolium.

The miscarriage was produced by the introduction of instruments.

He reported also a case of pneumonia attacking the lower lobe of the right lung, without any history of disease of the lung before present attack. Crisis occurred on the seventh day, temperature and pulse running down to 95° Fahr., and 48 respectively. There was profuse sweating of right thigh and leg. This condition lasted about 48 hours, during which time stimulants were freely given. Pain was felt in the right calf and in the popliteal space. An examination showed phlebitis. The leg was bandaged and painted with tincture of iodine, twice a day. Temperature ran up to 103°, pulse to 60; at the end of second week pulse and temperature were normal, appetite good, and patient as well as ever, apparently. But while attempting to raise himself in bed he was taken with a sharp and severe pain in the left

side, about midway between the nipple and the spine, and two inches below the nipple. Pain increased, but was controlled by ½ grain of codeia. Next morning he reported himself as well as ever again, but at night he had a recurrence of the pain in the side with increased respiration (48 per minute). The pain was severe. The pulse ran at 60 per minute, and the temperature remained normal. There was profuse sweating all over the body. Nothing abnormal could be found. Perfect quiet was enjoined, with ½-grain doses of codeia (repeated every hour) to relieve the pain. The next morning a hæmorrhage occurred, patient raising pure blood without ever coughing; temperature 103°, pulse 96. Under proper treatment the hemorrhage ceased. Care is still necessary to prevent over-exertion upon the part of the patient, for fear of bringing on a recurrence of the attack.

DR. BONNING reported a case of pneumonia that had healed by crisis at the seventh day, but which was followed by a severe attack of phlebitis.

The following names were then balloted for separately, and elected: J. H. HUBBERT, and J. W. GLASS, to active membership; H. R. TILTON, U. S. A., to corresponding membership.

Adjourned.

GEO. DUFFIELD, M. D.,
Secretary.

[REPORTED IN MEDICAL RECORD, JUNE 20.]

NEW YORK ACADEMY OF MEDICINE.

STATED MEETING, April, 23, 1885.

DIARRHŒA AND DYSENTERY IN CHILDREN.

DR. NATHAN S. ROBERTS read the paper, and said it was his purpose to treat the subject only from a practical and clinical standpoint, and to present some conclusions arrived at after considerable observation of diarrhœa in children, in the densely populated districts towards the lower part of the city. The large proportion of deaths from diarrhœa in children in New York and London, and also in other cities, showed the importance of the subject under consideration, especially in the present time, when the warm season is approaching.

In children under one year of age we might often look for the cause of the intestinal trouble in the ill state of health or habits of the mother or nurse, or in the faulty method of feeding. Often also the disease arose from cold and dampness. In children over one year of age, as a rule, the cause would be found to lie in dentition or errors of diet, such as allowing of too frequent eating, or the improper use of vegetables, unripe fruit, and other articles unsuitable to the age of the patient. Other causes were the influence of measles and other zymotic diseases, pneumonia, impure air, high temperature.

DR. ROBERTS distinguished the diarrhœa of children as either simple, enteric, choleraic, or so-called cholera infantum, and mixed diarrhœa. These several forms were characterized by certain peculiarities of the dejecta, and it was important always to note the appearance, the frequency, the amount, the odor, the chemical reaction, etc., of the passages. In the first form there was a simple diarrhœal discharge. In the enteric form the discharges were similar, but contained a considerable proportion of undigested food, pointing to imperfect digestion. In the choleraic the passages were thin, and squirted from the anus as from a syringe; they had not the normal acid reaction, but were alkaline and usually fetid. In the mixed form the passages contained considerable mucus, were sometimes streaked with blood, and attended by pain.

Treatment.—In this disease no temporizing or expectant treatment was admissible. Prompt and efficient treatment was urgently demanded, especially in the hot summer months, during the prevalence of cholera infantum. We should take into consideration all the hygienic conditions surrounding the case, and, if necessary, remove the patient to a better atmosphere. Cleanliness of the skin and proper clothing must be insisted upon, and most important was it that the dietary should be inquired into and regulated. Such food should be prescribed and in quantities and at intervals to suit the age and tastes of the patient. The author felt convinced that bad methods of feeding were responsible more than any other preventable cause, for the presence of summer diarrhœa.

The subject of dietetics in children was a great one, and might well occupy our attention the entire evening, but it could only be briefly considered on the present occasion. If the mother would not, or could not, nurse the infant, it was better to provide a wet-nurse. If a wet-nurse could not be obtained, how should the baby be fed? The reply was that milk was the only suitable food for young infants. He should recommend that it be diluted with from one-half to one-fifth part of water for infants under a year old, and to add to each pint as much as 15 grains or half a teaspoonful of soda, thus neutralizing acidity and preventing hard coagulum of casein; or a tablespoonful or two of lime-water might be employed as an antacid. It was well to instruct the mother to test the milk with litmus-paper, and let that be a guide as to the quantity of the antacid to be added. If there be weak digestion add from five to ten grains of pancreatin dissolved in a little water; or the

milk might be allowed to become digested for half an hour to three-quarters of an hour with pepsin, keeping the temperature at about 100° F., and then strain through a fine sieve, and give the whey with or without a portion of the finely divided curd. He preferred milk-sugar to cane-sugar for sweetening. In some cases of diarrhœa, attended by vomiting, he had found the white of an egg diffused in water a nutritious drink.

If the milk supply was questionable and did not agree with the digestive organs, then the artificial foods would have to be tried. First, if cow's milk disagreed, he would try condensed milk. Of the farinaceous foods for children past the third or fourth month, he had found NESTIE'S milk food as good as any. After the seventh or eighth month such food might be given as the child was best able to digest. In his experience young children did not take kindly to scraped meat.

As to the medicinal treatment in diarrhœa, one should carefully note the changes produced in the symptoms, and make frequent visits in order to keep careful watch of the case. In the selection of remedies we should be governed largely by the characteristics of the stools. In the simple forms of diarrhœa a few doses of gray powder will often be the only remedy required, but its administration should not be long continued. This was also true of other mercurial preparations in diarrhœa and dysentery; their continuous administration would end in prostration and anæmia, especially so in scrofulous children. Calomel, in small and frequent doses, was useful in so-called white or chylous diarrhœa, and drop-doses of the tincture of nux vomica might also be useful. In cases of greenish stools ipecac would prove useful. This medicine was employed largely in intestinal disorders, whether diarrhœaic or dysenteric, in young and old persons. It seemed to induce normal action of the liver and bowels. In small doses it would often relieve nausea and irritation of the stomach. Small doses of rhubarb and soda, or teaspoonful doses of spiced syrup of rhubarb, were well adapted to certain cases; where watery passages were attended with pain and sleeplessness, a few doses of DOVER'S powder, combined with bismuth, would be of advantage, but it was important to stop its use just at the right time.

The few remedies mentioned would serve to bring the little patient safely through to complete recovery. Other cases, however, lingered on, even assuming a graver type of disease, the patient becoming prostrated from loss of vitality, the surface cold and clammy, the lips blue and the eyes sunken, etc. In these cases whiskey would often save the life of the patient. If we found the tongue red and dry, much restlessness, etc., the patient might be brought out of the condition by the administration of arsenic in $\frac{1}{100}$ to $\frac{2}{100}$ grain doses. Veratrum album had been recommended by Ellis in cases in which the nervous system was disturbed, and DR. ROBERTS had found it useful not only in diarrhœas, but also in pneumonia and typhoid fever. The indications for its use in diarrhœa were great restlessness, heat, and frequent loose evacuations. In some subacute cases he had employed the spice pad, composed of powdered ginger, alspice, and cinnamon, wet with brandy or whiskey, and laid upon the abdomen. He had also used camphor-water in teaspoonful doses at the commencement of an attack with profuse loose stools.

Finally, in chronic cases search for a constitutional vice, and administer iron, quinine, hypophosphites, and other constitutional remedies.

Dysentery was so much more severe and dangerous than ordinary diarrhœa, that it deserved separate consideration. It was a disease of the large intestine, and had its origin in dampness, cold, impure air, bad sanitary surroundings, such as were mentioned in speaking of the etiology of diarrhœa. It was preceded a day or two by malaise, symptoms of dyspepsia, the bowels acted more freely than usual, and the passages became bloody and slimy, exceedingly frequent, accompanied by tormina and strain. Griping is not constant, but it usually precedes each act at defecation and is relieved thereby. The fever which usually accompanies the disease is often absent. The passages were usually offensive, and sometimes fine scybala were mingled with them. There was frequently prolapsus of the anus and vesical irritation; sometimes nausea and vomiting.

This disease could usually be brought under control in from six to seven days. It sometimes, however, proceeded to an atonic condition, with a frequent, small pulse, cold extremities, an anxious countenance, a dry tongue, and showed a strong tendency to terminate in death.

Active treatment should be adopted. The patient should be confined to bed, and the evacuations should take place in the recumbent position. Whiskey, opiates, and laxatives would suffice for the cure of the majority of cases, but success would depend largely upon their judicious employment. Various methods of treatment had been adopted by different authorities. If there were reason to believe that there was fæcal matter in the upper part of the intestinal tract, as was often the case, a dose of castor-oil with a few drops of laudanum was almost indispensable at the outset. DR. WEST'S prescription of castor-oil might be useful. Ipecac had been highly extolled by many, and DR. ROBERTS felt certain it was of great value in many cases. He had found corrosive sublimate an excellent remedy in the

dysentery of adults, but less reliable in children. To allay nausea and vomiting, he had sometimes given a few doses of creasote, with most happy effects. If alcoholic stimulation were necessary, he preferred pure whiskey, five drops to a teaspoonful, according to the age of the patient and the indications of the case.

After the violence of the disease had abated, in some cases convalescence would be slow, and here the pernitrate of iron was useful, together with nux vomica as a stomachic and nervine. The most important general principles to be considered in the treatment of diarrhœa and dysentery were, first, to insist rigidly on compliance with hygienic rules: second, rest in bed until convalescence is thoroughly established, except so far as it may be necessary to vary from this rule to obtain better air; third, frequent visitation of the patient during the most critical stages of the disease; fourth, remedies employed to be administered as a rule in small and frequent doses, and discontinued when they have accomplished the special purpose for which they are indicated.

Dr. B. F. Dawson had had considerable experience with the treatment of diarrhœa and dysentery of children some years ago, and had expressed some of his views in print. The paper read by Dr. Roberts left little to be said. Most of the gastro-intestinal disorders of children were due to improper feeding. Among animal creation human beings were the only ones which were improperly fed, and which suffered from diarrhœa and other intestinal disorders in consequence. Many of these disorders had been attributed to teething, but dentition was as natural a process as was the growth of the hair or nails, and should not give rise to disorder of the bowels. Even artificially fed children should not be exposed to diarrhœa and dysentery, or any of the pains said to accompany dentition. This view he regarded as not theoretical but practical, as he had witnessed that children when properly fed passed through infancy and childhood without diarrhœa or dysentery. When a child cried after taking food it meant pain, and the indication was to withhold food until the irritation had ceased. Instead of that, however, the mother or nurse gave the child more food, and added to the trouble, and thus the child acquired a diarrhœa. If the intestinal tract became irritated for any reason, causing loose, fecal movements, as soon as the offending material had passed out, rest would lead to a cure. The mildest and the best medicine which we could then put into the child's stomach was pure cold water. If, however, continual bad feeding has led to a more marked degree of irritation, and some further treatment is necessary, he would not give opiates, but antacids and remedies which aid digestion. Among these were bismuth and pepsin. In dysentery opium might assist in relieving pain, but it should not be given in diarrhœa due to the presence of undigested food in the intestine. Here absolute rest and cold water constituted the best mode of treatment. Dysentery could always be traced in children to a previous diarrhœa; he had never seen a case of dysentery in a child in which the symptoms were those of dysentery from the onset of the disease. Inasmuch as it followed a diarrhœa, it indicated the importance of early recognition of diarrhœa and proper diet.

Regarding the elevation of the temperature, he thought that in itself it was not an important factor. The trouble was that the vessel in which the milk was kept was dirty, the surroundings were dirty, the air was foul, the child was not kept clean, it was fed too often, and the quantity of food was not reduced in hot weather. Intemperate and diseased mothers should not be allowed to nurse their children. It was perfectly easy to raise a child artificially fed. Instead, however, of feeding it with watered milk, he let the water settle to the bottom, and gave the child the top of the milk. Give milk which contains plenty of fat or that which contains the largest proportion of cream. Indeed, instead of diluting milk, he added to it fatty material, either oatmeal or a little butter. He thought it a mistake to take the casein out of the milk. What was desirable was to prevent a hard coagulum, and to secure this result nothing was better than to add barley or oatmeal-water to the milk, say one part of oatmeal-water to two parts of good fresh milk, and add a tablespoonful of lime-water to and a lump of sugar. Observe the rule that a child should not be fed oftener than once in three or four hours. Dr. Dawson explained later that by barley and oatmeal-water he meant the gruel strained, the coarser part removed.

Dr. J. Blake White accepted the views expressed by the author regarding artificial foods, and said that nothing could act as a substitute for milk. He preferred, however, fresh condensed milk, properly diluted, to the fresh cow's milk. Many children fed on cow's milk suffered from diarrhœa and other affections because of the impurity of the milk or the source from which it came. A fault of what was considered the freshest milk which could be obtained for children in the city, was that it came from cows closely housed and fed on slops, and such milk was uniformly acid.

He differed from Dr. Dawson regarding the influence of dentition in some cases, for it at times certainly caused intestinal disorders, and it might be necessary even to lance the inflamed gums. Cool fluids were of advantage, as was also bismuth, lactopeptin, etc.

Dr. J. E. Winters thought that he could add but little to what had been said by the

author and the gentlemen who had discussed the paper. He disagreed with DR. DAWSON regarding the influence of dentition, for it undoubtedly did often cause disturbance of the alimentary canal in children. It was during the time of dentition that diarrhœa and dysentery most frequently occurred. There were also other reasons for the intestinal irritation, consisting in improper food, unusual functional activity of the intestinal tract from rapid development, etc. He thought, however, that the influence of dentition in producing diarrhœa had been overestimated, but it still should not be entirely ignored.

He heartily concurred in the opinion expressed by DR. DAWSON, that dietetics were the chief cause of indigestion and intestinal derangement in children. It occurred usually during the first eighteen months of life, and during that time children were usually milk-feeders, and milk was more liable than other forms of food to be contaminated and to ferment. But there was nothing which would take the place of cow's milk except the mother's breast. Infant foods were not as good as cow's milk for infants. He thought too much water was fed with the milk, and too little cream. Casein in the quantity in which it existed in cow's milk, was not readily digested by children, and he would allow it to gravitate to the bottom and give the top part of the milk, the cream. If milk were rendered alkaline and gruel be added, it would prevent the running together of the casein. He would not have a child nourished by a wet-nurse until other means had been tried. Many children grew up to be perfectly healthy while fed exclusively by the bottle.

Hot weather alone seemed to have less influence in causing diarrhœa than moisture of the atmosphere or electrical disturbances.

One point in the treatment, he thought, had not been sufficiently dwelt upon, and that related to the condition of the skin. The child should be kept cool, having almost no clothing in the summer months, and it should be frequently bathed.

DR. L. E. HOLT agreed with what had been said regarding prevention. The regulation of the diet was most important in prophylaxis. An important matter in the administration of drugs was, as had been stated by the author, to give them in small quantities frequently repeated. If they were administered in considerable quantity every three hours, harm might result. He had come to rely upon opium more than upon any other drug, in the diarrhœa and dysentery of children. It should be given frequently, its effects carefully watched, and if these points were observed it would not cause cerebral symptoms. Next to opium one of the most valuable remedies was bismuth, given as frequently as every half hour or hour. If vomiting were present he used kumyss. He also bore testimony to the advantage of frequent bathing, and the administration of certain other drugs.

DR. H. D. CHAPIN spoke of one point, namely, the influence of heat in the production of diarrhœal diseases in children. That the heat of summer had some effect in the causation of the disease seemed to be evident from the fact that the death-rate, as shown by the statistics at the office of the board of health, was much greater in July, 1882 and 1883, than during August of the same years, the average temperature for July being greater than during August of the same years. This fact pointed also to the importance of bathing, and he advised that children be allowed to play in the bath half an hour or an hour.

DR. DAWSON asked if the increased death-rate during the hotter month might not be due to over-feeding rather than to increased heat; although the child ate the same amount at all times, it required less during the hot months, but the mother failed to reduce the quantity of the food, or to give that which was less heating.

DR. FANNING called attention to a recent article by RINGER on the use of mercury in diarrhœa, the indications for its administration being based upon the character of the stools.

DR. NEAL had found benefit from the use of the aromatics in the diarrhœas of children. He was more in favor of vegetable astringents than of minerals in the treatment of these diseases of young children.

DR. JOHN C. PETERS favored a milk diet for children, but the milk was often acid. There could be no cast-iron rule regarding the dilution of condensed milk. The quantity of water to be added could only be determined by a few days' trial. He had found that it was not hot air that caused the trouble in children, but hot foul air; the hotter the air, usually the fouler it became in cities. He was a little old-fashioned in his views as to the influence of dentition; he believed it sometimes caused intestinal irritation, and he sometimes lanced the gums. Regarding the frequency of nursing, during the first month the child should not nurse oftener than once in two hours, and the interval should be gradually lengthened to four hours. Night-nursing should be dropped as soon as possible, usually at the fourth or fifth month. He favored bathing and allowing the child to play in the bath; also sometimes used injections of tepid water, and applied a cold pad over the abdomen. He administered large doses of bismuth which contained no arsenic or other impurity.

DR. A. C. POST thought too much stress could not be laid upon the evil influence of great frequency of alimentation. The mother or

nurse should know that the child often cried during hot weather because it was thirsty, and not because it was hungry, and it should be allowed to drink of pure water; feeding or nursing should not take place oftener than every two hours during the first month, and not oftener than once in from three to four hours as the child grew older.

Dentition had been spoken of as a physiological process, and, *a priori*, it was claimed that it should therefore be painless and unattended by irritation. But it was also true that menstruation, child-bearing, the evacuation of the bowels, etc., were physiological processes, yet we knew that they were often attended by pain and derangement of the health. There was no fact in medicine more clear than that dentition was sometimes exceedingly painful, and he had known children in whom the great irritation continued for hours and even days, and relief had been instantly afforded by lancing the gums.

Allusion had been made to the use of bichloride of mercury in the treatment of diarrhœa and dysentery, and he found it a very valuable remedy. Let a grain be dissolved in water and a teaspoonful be given with the milk each time the child is fed. It also had an antifermentative effect upon milk. He had also derived benefit from minute doses of calomel. Where there was fermentation in the bowels, with pain and griping, charcoal would give prompter relief than any form of opium.

The president spoke of what might be considered as large doses of bismuth. He gave even twenty or thirty grains to a child a year old. He asked if allowing the child to nurse every two hours, even during the first month, was not too frequent; the stomach had not time to digest the first quantity before a second was taken.

DR. JACOBUS thought diet had a great deal to do with the production of gastro-intestinal disorders in children, and heat had a great deal to do with rendering the diet impure. Cow's milk as it came from the country was not fed to children before it was twenty-four or thirty-six hours old, and of course it was diluted more or less, the milk-cans were dirty, etc. That from cows kept in the city was faulty as being from cows slop-fed, etc., and it was therefore watery and acid. Among poor people the mother drank often of tea, causing, besides trouble with the bowels, also eczema. Ceasing the tea, the diarrhœal and eczematous trouble disappeared in the child. He preferred bismuth to almost all other remedies for the treatment of the diarrhœa of children. Regarding condensed milk, he had found that children who had appeared to thrive on it during the first year, were not really strong; were soft and fat, and liable to succumb to disease during the second year. Bathing was one of the best means of reducing the temperature.

DR. H. J. BOLDT thought that bismuth did good only in cases in which there was acidity of the stomach, and that very large doses—from thirty to forty grains—were unnecessary and liable to produce irritation.

DR. BILLINGTON, in reply to a question by the president, said he thought the general opinion expressed regarding the length of the interval between the taking of food by infants was well based; a positive rule, however, could hardly be adhered to under all circumstances. He expressed a preference for wet nursing rather than for artificial feeding.

DR. ROBERTS, in closing the discussion, said that when the child was raised on the bottle there should be a number of bottles at hand, and black-rubber should be used.

Behold a second Daniel come to judgment! This is what our brother F. E. DANIEL, of the Texas Courier-Record of Medicine, says in the course of an article devoted to our humble efforts: . . . . "We find mirth and mischief slyly peeping out of each editorial paragraph. . . . . Howbeit the AGE continues to hold the age on most journals in the matter of (s)age comments and sound doctrines, its general tone denotes quite mature age, but not advanced age, and that is an advant-age always." Swans are said always to sing just before they die, and as we read the above we were seized with a sense of some impending calamity. We feared the worst after such an effort at punning, albeit the sentiment did honor alike to the perpetrator's heart and brain. Our worst fears have been realized. It proved to be among our good brother's last, for the number of the journal containing it contained also his valedictory. It gives us great pleasure, however, to announce that there is an immediate prospect of a resurrection in his case. On the stepping stone of his dead self, as regards the Courier-Record, he proposes to rise to higher things in a new venture, whose banner is to bear the device, "Daniel's Texas Medical Journal." The new journal is to receive our brother's undivided attention, he having concluded to leave the ranks of the amateur to become a professional. Other duties have heretofore prevented him, as he says, from having "half a chance" to do himself justice. Texas is an empire in itself, and it is our brother's boast that it yields a million and a half bales of cotton annually. Here is abundance of material wealth, and if enough of it is not diverted to the support of such a journal as we are confident our brother will furnish, the greatest injury will be done the professional interests of the lone-star state.

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Editorial.

MEETING OF THE AMERICAN LARYNGOLOGICAL ASSOCIATION, AND SOME LESSONS THEREFROM.

The meeting of the American Laryngological Association in this city last month, did not excite that amount of interest in the local profession which we had anticipated. Notwithstanding the fact of a cordial invitation to attend the sessions, the attendance of non-members did not at any session exceed a dozen, or, at most, a score. Such a meagre representation of our three hundred practitioners was an occasion of comment. That the profession thus failed to attend these meetings was not due to any antipathy or indifference to the laryngologists personally, was evidenced in the manner in which the latter were entertained during their three days' stay with us. They were found to be a very companionable lot of gentlemen, and their visit to our city will always be remembered with pleasurable sensations. How was it, then, that they came and sat and did not conquer the backwardness of the local profession in coming forward to listen to their annual contribution to the fund of laryngological literature? The prime reason lay, doubtless, in the fact that the larynx and its annexæ, the anatomy, physiology, and the diseases of which they discussed, are, to a very large degree, a *terra incognita* to the general practitioner. Laryngology, as a special division of medicine, is of comparatively recent growth, is not generally taught in the schools at which the contemporary general practitioner received his education, and the "practical physician," of whom the profession is so largely constituted, finds little interest or profit in discussions freely interlarded with terms not included in his vocabulary.

The question of the propriety of the existence of special associations of specialists, comes prominently to the fore at each national gathering of this nature. The tendency of the times is to specialization, and having invaded medicine with considerable force, we now have our national associations of surgeons, gynæcologists, neurologists, laryngologists, ophthalmologists, etc., with the early prospect of a similar association for each of the many more of the subdivisions into which general medicine is divisible. Is this multiple division in the line of the best interests of the profession as a whole? The arguments in favor of specialization in other fields of human industry are irrefutable; are they equally so when advanced in support of specialties in medicine? While we are not prepared to fully commit ourselves to the negative of this question, we cannot close our eyes to the arguments which might be advanced in its support. The human system is a unit, and no part of its enjoys an independent existence. Properly speaking, there is no such thing as a local disease, and as the tendency of specialism is to induce a concentration of vision on a particular part, to the exclusion of the whole to which it is correlated, both as regards its functions and its diseases, it is in so far unfavorable to that symmetry of knowledge which is essential to the ideal practitioner. The most successful specialist, all other things being equal, is he who is the best "all round" physician; and, indeed, a thorough acquaintance with the system, as a whole, will be found to off-set a great amount of special knowledge so called. One of the most incongruous things, and an outgrowth of the specialist "craze," is the physician who boasts equally his proficiency in the matter of uterine affections, for instance, and his ignorance of the general systemic disorders of which the so-called local affection is but the more apparent expression. He talks learnedly in the sesquipedalian language which characterizes your specialist, while the profundity of his erudition in the history of the various operations, and the volubility with which he trips from his tongue the names of von Schneiderdunk, La Francois, and the other foreign notables who are the fountains of his special knowledge, is positively awe-inspiring to the ordinary physician. Too often these things are but the sounding of brass and the tinkling of symbols, and they do not always ensure even the gravid uterus against the introduction of the uterometric sound, or the evils of other instruments of precision. What is vulgarly known as "horse sense," a development of the experience of the general practitioner, is a very essential qualification in the specialist.

We would, however, by no means, be understood as discountenancing the special study of special organs and the ills to which they are heir. On the contrary, we hold that every general practitioner should select some specialty to which he should devote special study. To do so would be to qualify himself the more successfully to practice general medicine. While a knowledge of the whole is neces-

sary to the fullest knowledge of the part, the discipline of a special study of the part is excellent preparation for the interrogation of the whole. Specialties should be cultivated in connection with general medicine, and not apart from it. And it is just herein that our objection to the American Laryngological Association and similar associations of specialists lies. Their tendency is to divorce the special from the general, when the best interests of medicine would, in our opinion, be subserved by their closest affiliation. Their membership is limited to a prescribed number, and when that number is full, their doors are shut, and, unless in the event of death or resignation, they are not again opened to receive any who may be desirous of availing themselves of their benefits. The American Laryngological Association has, for instance, limited its membership to fifty, and, we believe, these fifty are expected to confine themselves quite exclusively to laryngology in their practice. With it, as with the other national associations of specialists, the fact that an applicant for admission to its circle, is also a general practitioner, is an objection rather than a recommendation. This close-corporation method tends to the development of a sort of hierarchism, which is not in harmony with the spirit of democracy and cosmopolitanism, which is the characteristic of science. It is especially repugnant to the genius of the American republic, which recognizes no barriers to any position, which may not be overcome by force of inherent or acquired ability.

We will, we are convinced, scarcely be accused of any partiality to the American Medical Association, as that organization has heretofore been conducted. We recognise the fact, however, that the purpose for which it ostensibly exists is the correct one, and that if it could be freed from the domination of the politician more interested in irrelevant matters than in those pertaining to science and humanity, it would be a power of incalculable might in raising the scientific status of the profession of the country. Its plan of associating the profession as a unit, is, moreover, the correct one. The simple fact that a man is an educated physician, and a member in good standing in a local society, qualifies him for admission. In its general sessions the profession is brought together as a whole, while in the creation of its several sections it has afforded those who may have special bents, an opportunity to follow them, in company with those similarly bent in the various sections of our great country. The profession is thus at once cemented together as a whole, and afforded the opportunity to differentiate. By this method specialists are enabled both to meet together and to educate the general practitioner who might gladly wish annually for a season to sit at their feet. The President of the American Laryngological Association undertook, in his address at the late meeting, to answer the objections which are urged against that Association as a body independent of the American Medical Association. With all due deference, we do not think he succeeded in his attempt. The chief, and, indeed, the only, raison d'être which he urged was the following: "When we get together in this organization of identical interests, the drift of thought and the character of the papers and discussions must necessarily be of a much closer and accurate nature than in an assemblage of partially interested critics." We fail to distinctly perceive that this "must necessarily" be the case. We should be loth to think that "the drift of thought," as it was our privilege to observe it in gentlemen who attended the late meeting, "must necessarily" be in the slightest degree deflected by the presence of the sprinkling of physicians in their audiences, to whom their remarks were occasionally all Greek. The gentlemen whom it was our plsasure to meet, were, by no means, sensitive plants to be seriously affected by a slightly uncongenial atmosphere.

Our space forbids a further elaboration of our views on this important quéstion. We should very much like, however, to convince our specialists that they are not only not reaping any special benefit by thus segregating themselves, but they are also doing the general profession a serious injury by thus deliberately dismembering themselves from the great body. What is to become of the general practitioner, or what advantage will there lie in general medical meetings, if those who have qualified themselves to instruct in special divisions of medicine, refuse their support? When our surgeons, our gynæcologists, our laryngologists, our ophthalmologists, our neurologists, our dermatologists, etc., have hived off, each by themselves, what will be left of the American Medical Association, and what will it be worth?

THE COMMITTEE ON THE INTERNATIONAL MEDICAL CONGRESS.

As intimated in our last, the New Orleans Committee on the 1887 meeting of the International Medical Congress, or, rather, the additional 38 members to the committee appointed at the last Washington meeting of the American Association, have ignored the call of the latter for a meeting in September next. The addition constituted itself the committee proper, and called a meeting at Chicago on the 24th ult., to which it invited the attendance of the original committee of seven. Twenty-five of the thirty-eight new members and two members of the original committee answered the call. The first action of the meeting was to re-

view the work done by the original committee. It accordingly cut down the nineteen sections provided for, to sixteen, and decapitating the thirty-four members which the original committee had added to its number, proceeded to substitute for them thirty-eight gentlemen of its own choosing. While it reappointed the majority of those whom it removed, it was careful not to include such as had subscribed to the new code heresy. Drs. A. L. Loomis, R. F. Weir, Abram Jacobi, T. Addis Emmett, C. R. Agnew, Paul F. Mundé, A. H. Smith, C. S. Bull, H. Knapp, D. B. St. John Roosa, S. Sexton, Allan McLane Hamilton, L. Johnson Ripley, and Wm. H. Draper were, therefore, dropped out. And not only were these gentlemen dropped from the committee, but they have also, by the action of the new committee, been debarred from participation in the meetings, it having been decreed that the American members of the Congress must be members either of the American Medical Association or of societies affiliated with it, the usual representation, of one in ten, being prescribed.

Comment on this action of the newly-constituted committee is scarcely necessary. It will be remembered that the invitation which the Congress accepted, to hold its next session in this country, was extended in the name of the medical profession of the United States. The American membership being now restricted to such physicians as are members of the American Medical Association, the European members are given to understand that non-affiliation with the A. M. A. means professional ostracism in this country. It will, doubtless, be something of a surprise to the European savants when they come to Washington in 1887 and look about for Fordyce Barker, T. Addis Emmett, A. Jacobi, Geo. F. Shrady, Paul F. Mundé, Alfred L. Loomis, D. B. St. John Roosa, Herman Knapp, and men of that stamp, to discover that they are not members of the American medical profession, and are not entitled to seats in the Congress.

The action of the new committee has, as pointed out by the Medical News, made of the coming International Medical Congress a meeting of the American Medical Association, with a rather larger number than usual of invited guests. Had the invitation been from the Association alone there could have been no objection to this, but when, as expressly stated by Dr. J. S. Billings, U. S. A., a member of the original committee, "the invitation was purposely worded as coming from the Medical Profession of the United States, and not from the Association only," the exclusion by the Association from representation in the Congress, of the great bulk of the profession, including a large number of the brightest lights of American medicine, seems, not to put it too harshly, like a piece of unwarrantable assumption.

The effect of this action of the committee remains, of course, to be seen, and can only be conjectured. That it has not met the approval of even all of the appointees of the committee, has already transpired. Immediately following the Chicago meeting, the members of the medical profession of Philadelphia concerned in the organization of the Congress, held a meeting, at which Dr. David W. Yandell, of Louisville, was present by invitation. Twenty-eight of these gentlemen and Dr. Yandell, who had been appointed to important positions, resolved that it was their duty, in view of the action of the committee, to themselves and to the profession, "to decline to hold any office whatsoever in connection with the said Congress, as now proposed to be organized." Among the names attached to this resolution and its preamble, are those of D. Hayes Agnew, Roberts Bartholow, J. M. DaCosta, William Goodell, I. Minis Hays, S. Weir Mitchell, Theophilus Parvin, William Pepper, Alfred Stillé, Horatio C. Wood, David W. Yandell, and others, including a vice-president of the Congress, and the chairmen of several important sections. Perhaps, and doubtless, the thirty-eight States and territories of this Union, will be able to get along without the gentlemen whom the committee have excluded, and who have excluded themselves, but can a meeting with such material left out, be said to be thoroughly representative of the medical profession of the United States? The action of the European profession in the premises, remains to be seen.

CIMICIFUGA RACEMOSA AS A PARTURIFACIENT.

Black cohosh has for some time been supposed to exert a marked influence as a prophylactic of the pain attending the uterine contractions of labor. We are not aware that it has been generally employed to that end, although a physician recently mentioned to us the fact that he had given it with excellent results in a case in which he had anticipated much suffering. In a paper in the April number of the Chicago Medical Journal and Examiner, Dr. J. Suydam Knox, adjunct professor of obstetrics in Rush Medical College, mentions it with approval. After having employed it in over 150 cases, he arrives at the following conclusions touching it:

1. Cimicifuga has a positive sedative effect upon the parturient woman, quieting reflex irritability. Nausea, pruritus and insomnia, so common in the six last weeks of pregnancy, are always bettered, and often disappear, under its administration.

2. Cimicifuga has a positive anti-spasmodic effect upon the parturient woman. The neu-

ralgic cramps and irregular pains of the first stage of labor are ameliorated, and often altogether abolished. In fact, during the first indiscriminate use of the drug in all cases, I had the mortification, with a few women, of terminating the labor so precipitately, and without prodromic symptoms, as to be unable to reach the bedside before the birth.

3. Cimicifuga relaxes uterine muscular fibre and the soft parts of the parturient canal, by controlling muscular irritability, thus facilitating labor and diminishing risks of laceration.

4. Cimicifuga increases the energy and rhythm of the pains in the second stage of labor.

5. It is my belief that cimicifuga, like ergot, maintains a better contraction of the uterus after delivery. It is my habit, however, to administer 15 to 30 minims of fl. ext. ergot after the birth of the fœtal head, and I have had but few opportunities of testing this effect of the cohosh.

THE THERAPEUTIC SIGNIFICANCE OF THE CERVICAL FOLLICLES.

Dr. Simon Baruch concludes, in the July 4th issue of the N. Y. Medical Journal, a continued article on this important but indifferent understood subject, which he treats in a manner which sheds a considerable amount of light thereon. The following are the conclusions into which the article is summarized:

1. A thorough knowledge of the anatomy, physiology, and pathology of the cervical follicles will simplify the treatment of many uterine affections.

2. The cervix uteri represents a large gland of active and important function in the various sexual relations of woman.

3. In the majority of the more common diseases of the uterus the mucous membrane and its follicles play the most important rôle. A recognition of this fact will make treatment more successful.

4. Metritis, subinvolution, hyperplasia with catarrh, erosions, etc., must be studied in connection with the glands of the cervix.

5. In obstinate cases medicinal applications fail because the secreting surfaces of the follicles are not reached. Scarification and the curette are valuable adjuncts in nulliparous women without cervix laceration.

6. In parous women with lacerations, trachelorrhaphy is the most valuable procedure. As a simple plastic operation it will fail. Success depends on extirpation of the follicles, which is more important than "removal of the cicatricial plug."

7. The microscope demonstrates the dependence of catarrh, ulceration, erosion, and hypertrophy of the cervix, and often also of the body of the uterus, upon the glandular structure of the cervix uteri.

8. The cervical follicles are significant as elements in the pathology of cervix cancer, because the microscope demonstrates the dependence of the latter upon erosions, which are based upon the gland structure.

9. Laceration and erosion must be regarded with suspicion, as possible sources of future malignant disease. In operating for their removal, extirpation of the cervical follicles must be unsparing.

Notes.

If "hope deferred maketh the heart sick," is not a mere poetic fiction there must be a very considerable amount of cardiac uneasiness among such members of the profession as are Democrats, that is if they share the common human weakness which shows itself in a desire for such salaried government appointments as are essentially sinecures. They have waited long for the hoped-for morsels and now that the prizes are within their reach their agitation is quite natural. While very sorry for those of our Republican brethren who find their tenure of fat positions growing uncertain, we rejoice with appropriate joy in the brightening prospects of our Democratic brethren. The redistribution of the pap has commenced in this state and our friends Brodie, Eugene Smith and Kaiser have secured the appointments of U. S. Examining Surgeons for pensions. Nobody has any doubt as to their ability to hold down their new positions, and to regularly draw their fees. Fortune has been bestowing her very broadest smiles on Dr. Brodie lately —President of the American Medical Association, Trustee and Emeritus Professor in the Detroit College of Medicine, U. S. Examining Surgeon, Vice-President of the International Medical Congress, etc., and all within two short months! Here are honor and emoluments enough to make a man's head swim.

The British Parliament has enacted a law which disfranchises all English voters who have accepted medical relief from the parish. This seems, at first blush, to be a very remarkable law, and yet, on reflection, there is wisdom and justice in it. The person who habitually receives the services of the physician as a gratuity, is properly, or at least deserves to be, classed as a pauper. A pauper contributes nothing either to the support of the government or the wealth of the country. He is, on the contrary, a drag on national prosperity, and is entitled to none of the special rights of citizenship. If the law referred to could be extended to include the large class of dead-beats it would commend

itself still more to the medical profession. This new English law will, it is said, disfranchise about 200,000 voters, or a tenth of the voting population of England.

The following is from an epitaph on the grave-stone of MRS. ARABELLA GREENWOOD, who died in childbed during the last century. It was written by her husband, and evidences alike the depth of his love, his great humility, and his disapproval of the treatment she received:

Such was her condescensione, and such her humilitie.
Shee chose to take me, a Doctor of Divinitie.
For which heroicke act she stands confeste
Above all others the Phœnix of her sexe.
And like that birde one young shee did begette,
That shee might not leave her sex disconsolate.
My griefe for her is so verie sore
I can onlie write two lines more:
For this, and everie good woman for her sake,
Never let a blisterre be putte on a lying-in woman's backe.

The August number of the North American Review is to contain articles by five leading medical specialists, giving information as to the steps that should be taken by national, state, and city authorities to prevent a visit from the cholera this season.

Medical Progress.

ON EXCISION OF INTERNAL HEMORRHOIDS.—I but repeat what is well known when I state that few operations in surgery have been at one time and another more thoroughly condemned than that of excision of internal hemorrhoids. And most justly too, for as practiced when it was first devised, alike on every variety of hemorrhoidal tumor, the death rate from hemorrhage alone was something enormous, and surgeons were glad to turn to other and simpler methods of treating these tumors.

The foregoing remarks, however, should be understood to apply to the operation as it was practiced a good many years back. Within late years the operation has been revived, owing, no doubt, largely to a modified form of excision practiced by HENRY LEE, of London, in 1848. But it owes, perhaps, its greatest impetus more directly to MR. ALLINGHAM, the distinguished rectal surgeon of St. Mark's Hospital, London. It is proper to say, however, in this connection, that our improved knowledge of what cases are suitable for excision, and the improvements in the operation itself, no less than our improved means for arresting hemorrhage both during and after the operation, have done more than all else to stamp the method as a legitimate, and, under proper conditions, a most valuable surgical procedure.

It so happens that no one method of treating hemorrhoids is entirely applicable to every case of the disease. Sometimes one, sometimes another of the various operations in vogue is best, now in this case, now in that, and the choice of the procedure must at last turn upon the character of the tumor, the condition of the patient, and other causes needless to mention here.

Excision is applicable to but a limited number of cases, and these without exception in cases where the tumors are small, accessible, and not above four in number. In this class of cases the advantages which the operation offers are to be found in its seeming freedom from all danger to life; in the slight constitutional disturbance which it excites; in the very quick recovery which it almost uniformly insures, the patient, as a rule, being cured in about half the time required by any other method; in its being comparatively painless, owing to the temporary paralysis of the sphincter muscles and the removal of the tumors; in, finally, that the operation is not, as in some other methods, ever followed by stricture.

The objections to this procedure, as stated by his opponents, would seem to be that it requires an anæsthetic, more care and skill than hemorrhoidal operations in general, and that there is danger from hemorrhage. For my own part, I think anæsthesia a great aid in the large majority of rectal operations. The operation itself, though it may seem somewhat complicated, is in reality simple enough. As to the latter objection, the means used to control bleeding, namely, torsion, heat, and the use of styptics, would seem to insure all reasonable safety. An insidious hemorrhage into the rectum, to a serious extent, would be an impossibility, as with a dilated sphincter and the parts lightly packed with styptic cotton the bleeding would show itself externally. If an accidental copious hemorrhage should occur, it could be *positively* controlled by the use of the cautery or by packing the rectum with a bell-shaped sponge and cotton wool. It is the opinion of many excellent rectal surgeons that a hemorrhage into the rectum from an operation, which can not be controlled by the cautery or packing, is a thing exceedingly rare.

The operation is done as follows: The patient's bowels being well emptied, he is placed upon a suitable table and thoroughly etherized. With the fingers or thumbs the anal sphincters are now gently but fully dilated. VAN BUREN'S rectal retractor or SIMS' vaginal speculum is then carried into the gut—a depressor may be added if necessary—whereby the seat of the piles is fully exposed. The tumor is then seized with a tenaculum forceps and drawn well down, when the base is embraced with the blades of a SMITH'S hemorrhoidal clamp,* just sufficient pressure being made to prevent the instrument slipping and to control in some degree the hemorrhage, without exercising such force as to bruise the parts and thereby cause a slough. In this way any considerable hemorrhage at this stage is impossible. The tumor is now cut off with either the knife or scissors, near the clamp—being careful to leave sufficient stump to prevent its slipping through the blades of the instrument—and all bleeding vessels twisted. If none bleed at the moment, open the blades of the clamp somewhat, when usually one or two vessels will be found to spout. Subject

* Mr. Allingham does not use the clamp in his operations but trusts the vulsellum to hold the stump.

these to immediate torsion. This proving effectual, remove the clamp and apply small sponges wrung out of hot water to the parts, whereby any oozing is usually readily checked. Treat other piles that may be present in a similar way. When all hemorrhage has ceased,* wet a wad of cotton—to which it is well to previously attach a strong thread—in a solution of tannic acid—one ounce tannin in one ounce of water—and carry it as high into the gut as the seat of the tumor. Finally, giving an opiate to prevent too early movement of the bowels.

In the seventy cases of excision reported by MR. ALLINGHAM, no recurrent hemorrhage occurred, but little pain was experienced, and nearly all of his patients were absolutely well by the sixth day, MR. ALLINGHAM saying that he means by this that the wounds were all soundly healed by that time.

My own limited observation corroborates the larger experience of the British surgeon. I have considered some of my patients as being "absolutely well" on the fifth day; others were out and able to attend to business in three or four days.

The following report of a case occurring in my practice may serve as an example of the class of patients in which I think this operation has especial advantages:

F. H. had two small hemorrhoids, which prolapsed after each stool, bled freely, and were returned with difficulty and much suffering. He desired an operation, but stated that it was impossible to leave his business for any length of time, I excised his piles after business hours one Friday, and on the following Monday—or within sixty hours, during which he was more comfortable than he had been for a year—he returned to his duties, and on the day after did an unnusual amount of work without inconvenience. On Wednesday, five days after the operation, the wounds were entirely healed.

I am inclined to believe that, as our experience in the operation of excision widens, it will be found applicable to yet other varieties of hemorrhoids than the one I have named.

MR. ALLINGHAM is of opinion that numerous cases are amenable to this treatment, and he regards excision as one of our best operations.—E. E. GLOVER, M. D., in *American Practitioner*, June, 1885.

SOME RECENT OBSERVATIONS ON THE TREATMENT OF DYSENTERY.—The good effects of various remedies in the treatment of dysentery are frequently questioned by writers of large experience. On the other hand there are those who insist on the power of drugs to cut short an attack of the disease. Among recent contributions to this subject we find the following: DR. SEATON is very emphatic as regards the utility of ipecacuanha powder. The remedy, though an old one, is thought by many practitioners to be applicable rather to the tropical forms of the disease, than to the dysentery of our climate. DR. SEATON, however, considers ipecacuanha the best medicament against the disease, and administers it as follows: 1, abstinence from liquids two hours; 2, introduction into the rectum of an opium suppository; 3, application, twenty minutes after, of a poultice of linseed meal and mustard over the epigastrium; 4, ten minutes after, the administration of forty grains of the powder of ipecacuanha root, in a biscuit or in water, which is followed by a tablespoonful of milk or rice-water, to aid its deglutition; 5, the patient is recommended to keep the recumbent position for two hours at least, abstaining from any drink. Administered in this manner, this medicament has been, in the author's hands, in hundreds of cases, as efficient as quinine in malarial fevers. DR. ROSENFELD employs and recommends iodized phenol, especially for the dysentery of children. The drug consists of a solution of about four grains of pure iodine in one and one-quarter ounce of glycerine, to which about four grains of carbolic acid are added. One to two teaspoonfuls of this mixture are administered three or four times a day in a glassful of water as an enema. A sensation of warmth in the abdomen is followed by a substitution of green stools for the former bloody ones, and in the course of a day or two the only remaining trace of the malady is a slightly mucous diarrhœa. In a severe epidemic of dysentery, in which eighty per-cent. of those attacked were under ten years of age, and forty-nine per cent. between one and three years of age, only six died out of 142 treated in this way. According to the London Medical Record, March 15, 1885, Dr. Schtchegloff, of Jisdra, Kaluga Government, has tried carbolic enemata in twelve cases of acute dysentery, and obtained most striking results. Six of the patients (all peasants and soldiers) left the hospital after three days' treatment, three after four days, one after six days, one after nine days, and one after ten days. In two of the cases the carbolic treatment was resorted to after other means (calomel, starch, and opium enemata, tartaric acid, etc.) had failed. In the remaining ten, the patient on his admission had six drachms of castor-oil, as well as wine and tincture of valerian (according to the state of his pulse). On the next morning an enema, made of six or seven pints of a carbolic solution (1 to 500), at the temperature of 27° R. (92.75° F.), was administered. In all the cases, within a few hours after the first enema, there was observed a decrease of the temperature.

CONVULSIVE GAPING.—A little girl four years old, of lymphatic constitution, subject to intestinal catarrh, was suddenly seized with deep, continuous, incessant gaping. The intestinal catarrh soon yielded to treatment, but the gaping, with which was associated a convulsive movement of the tongue, a certain rotation with tendency to protrusion, did not begin to get better for a month, notwithstanding the administration of bromide of potassium, and did not finally cease until after two months from the beginning of the attack. Only two other cases, one by COURSSERANT and the other by BELLEMAND, are recorded, in which gaping figures as a pathological fact *per se*, and not as a transitory and secondary symptom in the course of other affections. Gaping, an

* In illustration of how readily bleeding from a hemorrhoidal vessel may sometimes be controlled, I may mention that in removing a large tumor with the clamp and actual cautery, the iron being over hot, the end of the vessel was burned off, and as a result did not close, but bled at once and freely. I seized the vessel, and after compressing it with the forceps for the space of but two minutes the hemorrhage entirely ceased.

expression of respiration with its two constituent periods in the spasmodic or convulsive state, probably remains a reflex act even when, as in the abovs case, it constitutes a pathological entity. But then the stimulus to the nervous centre must be sought in something different from the physiological stimuli, in defect of oxygen and excess of carbonic acid; and that in view of the law established by NATANSON, according to which direct spasms are presented as permanent tonic muscular contractions, while indirect or reflex spasms are always represented by passing clonic muscular contractions. In the author's case, then, the gaping, as a reflex spasm, belonged rather to those due to excess of excitability of the reflex centres of the cerebro-spinal axis, than to those connected with excess of stimulus and increased excitability in the centripetal branches. Indeed, although these latter are more common from the facility by which they arise after any sort of excitement starting from the various parts of the body, yet the morbid conditions of the intestine, from their slight degree and their successive diminution and disappearance, in opposition to the aggravation and long duration of the gaping, would, rather than determine an increased excitability in the centripetal branches, better represent, analogously to what happens in hysteria, an exaggerated reflex excitability of the nervous centre. The nerve-centre interested must be the respiratory, gaping corresponding in its physiological mechanism to respiration, and taking place with the concurrence of the same muscles; the convulsive movement of the tongue also pointing to affection of the nucleus of the hypoglossal nerve. As to the nature of the alteration of this nervous centre, grave anatomical conditions could only be excluded after the cessation of the gaping which proved the alteration to belong to the so-called functional. The author concludes that gaping may constitute by itself a pathological fact; that in such cases it represents a special neurosis of the bulb, more definitely of the respiratory centre; and that, from the importance of the site affected, the affection is not exempt from danger.—*London Medical Record*, April 15, 1885.

EUCALYPTUS AS AN ANTISEPTIC IN CERTAIN DISEASES OF THE RESPIRATORY PASSAGES.—DR. BONAMY, after treating pulmonary gangrene, diphtheria, and croup antiseptically with eucalyptus in connection with other remedies, considers the influence of the eucalyptus as exceedingly beneficial, and attributes to it much of the success of the treatment employed as indicated below:

1. Atomization of the infusion of the leaves of eucalyptus, repeated every two hours, in the near vicinity of the child.

2. Application of lemon-juice upon the pseudo-membranous spots.

3. Potions containing chlorate of potassa and milk, to which lime-water had been added or the flowers of sulphur (fifteen to thirty grains in 24 hours).

4. Wines, champagne—Bordeaux, Malaga—chocolate, coffee, etc.

Though the treatment is complex, it is not more so than the disease. The eucalyptus, administered internally and externally, seems to answer the first indication, namely, to combat the infectious element. The lemon-juice applied locally, and the chlorate of potassa and flowers of sulphur administered internally, seem to answer the second indication, viz., to destroy, and to detach the false membrane, while the wines, etc., fill the fourth indication of supporting the strength of the patient; for though the vital force of the child is strong, nevertheless it is necessary to provoke reaction. Like the mixture of tar and turpentine recommended by DR. DELTHIL, eucalyptus responds only to one of these indications, but in the opinion of DR. BONAMY, it possesses superior efficiency and to it in a great degree he attributes the simplicity with which the disease is evolved in young patients in whom tracheotomy is performed, and upon others.

In addition to the beneficial results attained in pulmonary gangrene and diphtheria, DR. BONAMY strongly recommends eucalyptus in whooping-cough in the form of inhalations and draughts, as exercising an evidently salutary influence upon the violence and frequency of the cough and upon the duration of the disease.

DR. BONAMY concludes his observations by suggesting that for each infectious entity and for each group of organs, a special disinfectant will be found to correspond, and that the antiseptic power of any substance is not always directly in consequence of its intensity, but rather by reason of its approximation by this or that organ or its influence upon one or another infection. Thus eucalyptus seems in pulmonary affections to possess the same direct influence as does quinine upon malarial disease, and mercury upon syphilis.—*Bulletin Gén. de Thérapeutique*, *Med. News.*

SCARLATINA.—DR. J. P. MATTHEWS, of Carlinville, Ill., in his "Report on the Diseases of Children," before the Illinois State Medical Society, says that his observations have led him to believe that scarlatina originates *de novo*, or is evolved from some germ, and is propagated in favorable atmospheric or meteoric conditions.

The following is his method of managing this disease:

The treatment generally pursued is plenty of fresh air. Cool the surface, if the temperature runs high, by frequently sponging with dilute *cider* vinegar, and give drop doses of aconite tincture every hour. Anoint the surface, after sponging, with carbolized vaseline to allay the itching. The throat is sprayed with the following antiseptic mixture, using one of Rumbold's spray producers. This form of spray producer is used because the material can be used hot while it is sprayed:

℞	Acid carbolic	ʒ j.
	Potas. chlorat	ʒ j.
	Fl. extr. pinus canadensis	ʒ ij.
	Glycerini, pur	ʒ ss.
	Aquam ferv. q. s. ad	ʒ iv.

Mix.—Dissolve the potas. in the hot water before adding the other ingredients. This prescription is also used as a gargle or with a soft swab.

The following prescription is given through-

out the disease, to prevent the secondary septic infection, so frequently the cause of death where the throat is much involved :

℞ Tinc. ferri chlorid..... ..... ℥ ss.
Potas. chlorat..... ℥ j.
Glycerini..... ℥ j.
Elixir simpl..... ℥ iss.

Mix.—Sig. Dose, a teaspoonful every two or three hours.

Some one of the preparations of bark is usually needed. The throat wash is used not only for its beneficial effect upon the pharyngeal inflammation, but to prevent the absorption of ichor from the ulcerating tonsils, which, as hitherto mentioned, is regarded as the most dangerous result of the disease. It is also for this reason the tincture of iron is given. Not that the tincture has any specific effect upon the disease itself—which I do not think has a tendency to destroy life *per se*—but for its effect upon the blood and lymphatics in preventing the ichorrhæmia. It is given for the same reason that a surgeon would give it prior to performing a grave surgical operation. Not as a germicide, but to prevent germ propagation.—*St. Louis Med. and Surg. Jour.*, May, 1885.

Baby Brooding.—In 1878 a distinguished surgeon of Paris, Dr. Tarnier, visiting an establishment for hatching chickens, established in the Garden of Acclimation, in Paris, was struck with the idea of using the same sort of apparatus for infants born prematurely, or having a very weak constitution.

In the latter part of 1880 he had a special model constructed for the purpose, and this brooder for infants, as it may be called, was exhibited in the middle of the brooders for domestic fowls. The majority of the visitors to the exposition supposed that it was a joke. Nevertheless, this brooder, or "courveuse," was destined for the Maternity Hospital of Paris, where it was put into use in November, 1881.

These "courveuses" are large boxes of wood, with double walls, resting on a pedestal. They are divided into two compartments, the lower containing warm water, and the upper the bed of the infant. The upper compartment is covered by two plates of glass, which are movable, through which may be seen the condition of the infant and the temperature indicated by a thermometer placed within. A sufficient number of openings are made to give communication with the external air, which enters from below, passes over the warm water heating surface, and then into the upper compartments, from which it escapes. The infant is thus placed in a warm air bath, the temperature of which is maintained constantly at 30° centigrade, or 86° Fahrenheit. The greatest difficulty is to maintain this constant temperature. The heat is supplied by a special lamp.

The results obtained by the employment of the "courveuse" are worthy of attention. From November, 1881, to July, 1883, there were treated by this method 151 infants, of whom 91 had been prematurely born, and the others very feeble. A healthy infant born at full time weighs 3,500 grams. Those infants which at birth weigh less than 2,000 grams are considered as very feeble ; that is, that it is more probable that they will die than that they will live. Statistics show for such infants a mortality of about 65 per cent. With the "courveuse," out of the 92 infants prematurely born, 31 died and 61 lived. The time which an infant is kept in the "courveuse" varies from one day to six weeks, according to its condition. One infant, born nearly three months before full time, was kept forty days in the "courveuse," and lived.—Dr. Hector George, in *La Geni Civil* for May 9, 1885.

Postural Method of Treating Dilatation of the Stomach.—Peter Tytler, M. D., surgeon to the Ardwick and Ancoats Hospital, Manchester, writes: A recent case, in which I had recourse to the above method of treatment, may perhaps be of interest. The patient had for some months suffered from debility and lowness of spirits, with loss of appetite, uneasy sensations in the epigastrum, and occasionally obscure pains in various joints. Prior to this, she had been in robust health, with excessive appetite, and used to amuse her friends by exciting splashing sounds in her stomach. When she came under notice she vomited, every second or third day, semifluid, brown, yeasty matter. By applying a hand to either side of the abdomen, succession sounds could be easily elicited. After trying various remedies, such as rhubarb and soda, etc., with only temporary benefit, I suggested washing out the stomach with siphon-tube. As both the patient and her relations were not agreeable to this, I resolved to try the effect of posture in relieving the stomach. I made the patient lie on her back on the sofa for two hours after every meal, with a small pillow placed below her buttocks, and restricted the diet to fluids (milk and beef tea). The effect of the first application of this posture was to cause vomiting almost immediately. However, I insisted on pursuing the treatment, and the vomiting soon ceased, and she began to feel better and less uncomfortable about the epigastrium. A tonic of iron and strychnine was given three times a day. After a little while she was persuaded to go out, after applying a tight binder to the stomach, but still to keep on for some hours the postural treatment after eating. In the course of a few months the patient had regained her old energy and spirits, but was advised to be still careful with her diet, especially as to quantity.

The *rationale* of this procedure is obvious. Owing to the relaxed and flabby condition of the walls of the over-distended stomach, the food comes to hang below the level of the pylorus in the flaccid sac, incapable of emptying itself in the ordinary postures of the body. By elevating the lower end of the abdomen, the contents of the stomach are brought on a level with the pylorus, and thus put in a position to pass on in the natural way.—*British Med. Jour.*, May 23d.

A New Treatment for Goitre.—The new treatment used by Dr. A. Weiss (Berlin klin. Wochenschrift, No. 2, 1885), is the application of heated points to the surface of the tumor. By means of a Paquelin apparatus with a pointed iron, he makes punctures about one centimetre apart, the iron being at a white

heat. The burns result in little scabs of one to three millimeters, which fall of in a few days, leaving behind them cicatrices which are at first red then white. If the iron is at a white heat there is but little pain produced, and the consecutive treatment consists simply in covering the wound with a layer of wadding. The operation is repeated every six or eight days until the disappearance of the goitre, which requires, according to circumstances, from six to twelve applications. At the same time a little iodide of potassium is given, but this is not essential. This treatment is particularly beneficial in endemic parenchymatous goitre; in cystic goitre it is not so much so. Sometimes during treatment the goitre ceases to diminish; he then applies, immediately after the operation, a layer of vaseline over the burns; in this way suppuration is set up under the scabs, which hastens the cure. In explaining the curative action, DR. WEISS considers that the heated points provoke an excitation of the terminal nerve filaments, which causes a contraction of the muscular coat of the vessels, resulting in an arrest of nutrition and atrophy of the hypertrophied glandular substance. In one case where the goitre was so covered by a net-work of large vessels that PROF. LUKE could not administer an injection of iodine or arsenic, WEISS observed, after four or five applications of the heated points, a diminution in the calibre of these same vessels, which became normal. In this same case he applied the heated points to a greatly dilated vein in the axilla, and the next day noted a diminution in its volume. He is inclined to use this treatment in other affections, as catarrh, and affections of the pleura. In one case of laryngo-tracheal catarrh, an absolute extinction of the voice of several days' standing was completely restored by one application of the heated points.—*Jour. Amer. Med. Association.*

THE PRESENT STATE OF THERAPEUTICS.—The comparative neglect into which the science of therapeutics has been allowed to fall is, in short, the subject chosen by DR. SAWYER as the topic of his address as president of the Birmingham and Midland Counties Branch. Admittedly, the advance has been slower in therapeutics than in pathology, though the progress even in the former, during the last quarter of a century, has been more substantial than in any previous similar period. The progress has been slow (says DR. SAWYER), firstly, because of the intrinsic difficulty of the subject; and, secondly, because, both in popular teaching and in the curricula of the examining bodies, therapeutics has been relegated to a second place; many clinical teachers give but little attention to the subject, and the formal lectures are given at so early a stage of the student's career that he is not prepared to benefit by them. The terms of the equation with which therapeutics have to deal are life, a disease, and a drug. The apparently simple question: "Does a certain drug cure a certain disease?" was chosen by MR. JOHN STUART MILL as an illustration of the most intricate class of problems which the human intelligence can attempt to unravel. Practical medicine cannot stay for a logical demonstration; it must act on a reasonable probability. In therapeutics must be included the details of personal hygiene, dietetics, gymnastics or regulated exercise, and every other agency and circumstance which can favorably influence disease. Experience must prompt our actions, and experience must test results; that is to say, we must be guided by a wise empiricism, receiving suggestions from experimental science, but bringing everything to the touchstone of experience. Progress in the science of therapeutics must be made along a double front, by the discovery of the unknown and by the perfection of the known, and the last is not the least important. This is DR. SAWYER'S teaching, and few will, it may be hoped, be found to doubt either its truth or opportuneness.—*British Med. Jour.*

SHAMPOOING AND GYMNASTIC EXERCISES IN TREATMENT OF EPILEPSY. By JOHN KENT SPENDER, M. D.—I do not wish to say that drugs have been too highly estimated in treating epilepsy; but other remedial agents have been valued too little. DR. RUSSELL REYNOLDS recommends "wholesome mental exercise," and I wish now to add a plea on behalf of wholesome bodily exercise as well. Bodily exercise means bodily education, or the training of the muscles into stronger and more harmonious action; and by soothing and regulating the motor nerves, all the disorderly phenomena of epilepsy may be brought into comparative subjection and quietness. Among the useful hints which have been offered by DR. RADCLIFFE on this subject, he has warned us that the "sleepy epileptic" must be roused early, and made to leave his bed. Similarly, the stupid and idle epileptic must be summoned to his martial drill, and his senses kept "alive" by stir and movement. But even when the faculties are acute and femininely sensitive, the stultifying effects of the long-continued epileptic convulsions may be appropriately met by gymnastic exercise and systematic shampooing of the whole body. In February, 1884, DR. RADCLIFFE kindly entrusted to my care an epileptic lady of middle age, refined in manner, but almost emaciated in form, and the mother of two healthy and happy young children. Medicines of a special kind had been long administered, including cod-liver oil; but, during the last few months, the steady improvement has been materially quickened by the following plan of action: The body is sponged with hot water every day; the arms are moved up and down frequently (this expands the narrow chest), and clubs of moderate weight are raised with the hands. Walking in the open air has been encouraged on all possible days. Once a week, a professional shampooer comes and carries out a complete massage of the whole body. Two epileptic girls, children of farmers in a neighboring county, have rapidly improved under similar management. —*Brit. Med. Jour.*, May 2.

ANTIPYRINE IN PHTHISIS AND OTHER FEBRILE DISORDERS.—In the May number of the Practitioner for 1885, DR. J. HOLLAND, of St. Moritz, Switzerland, records his experience with antipyrine in the treatment of the febrile state, especially of consumptives. For years he has had many phthisical patients under his care, in fact, he lived under the same roof with

them. He was struck forcibly with the observation of the trivial causes that will cause the consumptive's temperature to rise. A little extra exertion, a political discussion, an attack of indigestion, a slight fall on the ice, which has caused neither pain nor apparent injury, an attack of toothache—any of these things, which, to a person in health, might mean nothing, often tend, in the sensitive phthisical patient, to start a degree of fever, which it is frequently difficult to suppress. Should the pyrexia continue for two or three days, we are almost certain to discover signs in the lungs of some fresh mischief; perhaps a little softening is detected over an area that had begun to dry up, or crepitation manifests itself in a part of the affected lung, where, after careful examination, it had not been noticed before. This fever, then, is the first and earliest symptoms of lung change, and must, in his opinion, be immediately attacked. Besides rest, even to the extent of confining one's patient to bed, and careful dieting, one must have recourse to medicinal remedies. HOLLAND has generally found the following useful, although sometimes one and all have been extremely disappointing: Quinine, the various preparations of salicin, digitalis, aconite, kairine, and Warburg's tincture are the principal drugs he has employed, and he finds they are more efficient when given in some effervescing form. For the last eight months he has been using antipyrine, and he states that in his hands it has been more successful than all the other drugs put together. He concludes by saying that in cases of chronic fever, such as we have to deal with in consumption, antipyrine has no rival.—*N. Y. Med. Record.*

GALVANISM FOR NEURALGIA.—DR. MATTISON, of Brooklyn, calls attention to the value of galvanism for the relief of neuralgic pain, not because there is anything new in the treatment, but to point out the fact that electricity may often be used instead of morphine, and spare the patient the danger of contracting the opium habit. He has found that very weak currents only are required in most cases, and laments the absence of small galvanic batteries of the usual "portable" size often prevents physicians from trying the remedy.

The method of application which he recommends is to place the positive electrode over the point of issue of the affected nerve from the skull or spinal column, and the negative pole over the seat of pain. About the head and face the strength of the current should be such, as, when broken, to cause a metallic taste in the mouth, or slight flashes of light. The usual length of sitting is between five and fifteen minutes, but sittings shorter than five minutes may be sufficient for the relief of the pain, or it may be advisable to continue a sitting beyond fifteen minutes if there be steady relief of the pain under the appiication. The frequency of the sitting should depend upon the frequency of the attack, every paroxysm of pain being met with an application of electricity when possible. As an illustration, a case is quoted from DR. THIBBITTS, where a patient had suffered from neuralgia for two years, having from six to twenty attacks daily. On the first day the electricity was applied twenty times. Improvement was rapid; the applications were reduced in number in correspondence with the diminished frequency of the attacks, and at the end of a month were made but twice a week. In three months the patient was cured.—*Iowa State Med. Reporter.*

A NEW TREATMENT OF THE ALCOHOL HABIT.—The treatment of acute alcoholism is generally successful; but, except in a very few cases, the patient relapses into inebriety and dies a drunkard.

The disease, however, is not incurable. The causes of relapse are: 1, Previous diseases which led to drink; 2, overwork, especially when combined with illness; 3, gastric catarrh, due to alcohol; 4, catarrh of the mouth, due to the same cause; 5, depression consequent on withdrawal of the stimulants.

In the first and second classes the recognition of the cause affords the indication for treatment.

In the third class the remedies recommended are hot water with soda before meals: oxide of silver, oxide of zinc, or bismuth, following; and minute doses of ipecacuanha to restore the secretion of the digestive glands.

In the fourth and fifth classes the use of coca is recommended in the form of a masticatory, to obtain the local effect on the mouth, as well as the constitutional effect, in relieving the depression. The object is to substitute for the alcohol habit the harmless habit of chewing coca.

The food should be carefully regulated, and should at first consist of raw oysters, or beef with capsicum and vinegar, pickled tripe, or pigs' feet.

If the patient has passed the point when he still desires to be cured, and is unwilling to make an effort, he should be put under restraint, preferably in an institution where he could be compelled to earn his livelihood, instead of spending his time in enervating idleness.—*Exchange.*

TREATMENT OF CHOLERA BY MINUTE DOSES OF CALOMEL FREQUENTLY REPEATED.—In the British Medical Journal, November, 1884, page 929, DR. E. WHITTLE relates the case of a lad, aged 19, who was taken ill with violent vomiting, purging, and cramps. A dose of Epsom salts was given to him by his mother, making him much worse, and when seen by the author he was in a state of extreme collapse, and appeared to be suffering from Asiatic cholera, but for one symptom—viz: the coldness of the tongue, though marked, was not so marked as it would have been in true Asiatic cholera, accompanied by such collapse. Acting on the experience, learned in 1849, of over 500 cases, DR. WHITTLE ordered at once hot applications to the feet and whole surface, and a large sinapism to the abdomen; also calomel, one grain; opium, one grain; dried carbonate of soda, 12 grains, to be divided into 12 doses, one to be taken every quarter of an hour until vomiting ceased; then one every hour. Thin gruel with a little whisky was also ordered. In about three hours the patient was warm and comfortable, all pain had ceased, the purging was much less, and only one powder an hour needed. The patient rallied completely

by the evening, and made a good recovery, though he felt the effects of the attack for some time. [Since the value of calomel in the treatment of cholera was noted in sect. 925:4 of the Medical Digest, several suggestive papers have appeared in the British Medical Journal, Dec., 1883, p. 1053, Aug., 1884, p. 495; Medical Times and Gazette, Sept., 1883, p. 481; and Lancet, July, 1884, p. 126.—Rep.]—*London Med. Rec.*, January 15, 1885.

Tcheltzoff on the Action of Cascara Sagrada.—Following a suggestion made by Professor S. P. Botkin, Dr. M. M. Tcheltzoff undertook a series of experiments on dogs in order to elucidate the action of fluid extract of cascara sagrada (rhamnus purshianus) on the animal system. The results, as described in a preliminary notice in the *Ejened. Klin. Gazeta*, No. 35, 1884, p. 545, may be summed thus: 1. *Internal Administration.*—1. In doses from 4 to 10 cubic centimetres (with a double quantity of water), cascara sagrada excites the secretion of gastric juice and increases it during digestion. 2. It increases, also, the secretion of pancreatic juice. 3. It excites and increases the secretion of bile. 4. It has no action on the secretion of saliva. 5. In doses as above, cascara never led to any rapid and considerable evacuations. The administration of 25 to 30 cubic centimetres of the extract brought about motions, but they never were more than scanty. Hence the author concludes that, as a prompt laxative, cascara is useless. 2. *Intravenous Administration.*—1. When introduced directly into the blood, cascara does not display any laxative power whatever. 2. The intravenous administration brings about extreme depression, and a prolonged failure in general strength of the animal experimented upon. 3. The arterial tension falls rapidly and considerably, the phenomenon being observed both in normal animals and in those with the vagi divided. 4. The phenomenon is probably dependent upon the obstruction of the cardiac vessels by small coagula, which arise on introducing cascara into the blood.—*London Med. Record.*

Diaphoretic Treatment of Nephritis.—N. Hess, having made a number of observations on the treatment of nephritic patients by wet packs, hot baths supplemented by wrapping in blankets, and hot-air baths, draws the following conclusions:

1. The least rise of temperature occurs with packs, the greatest with hot baths.

2. While the temperature is found to sink still further twenty minutes after the pack, it remains at the same height for an hour after both the other methods of treatment.

3. After water baths the temperature regains its original height more slowly than after air baths.

4. During the pack the pulse becomes slower; during both water and air baths, on the contrary, it is quickened for an hour afterwards.

5. Under the influence of the pack respiration is moderately quickened; during both water and air baths it is still more quickened, but subsequently returns to its normal rate more rapidly than after the pack.

6. The most powerful sudorific effects are produced by hot baths, and least powerful by packing.

7. Though the baths are more stimulating, packing soothes the action of the nervous system, brings the patients on better, and produces a subjective feeling of improvement afterwards.—*Vratch*, quoted in *St. Petersburg Med. Woch.*; *London Lancet.*

Bicarbonate of Sodium in Tonsillitis.—In a recent number of the British Medical Journal I noticed a short paragraph setting forth the valuable properties of bicarbonate of sodium in the treatment of tonsillitis. I can, myself, bear testimony to the good results obtained by using this simple and effective drug. I have been in the habit of using it for the last four years, and I have never had a failue with it. The remedy was introduced to the profession some years ago by a French practitioner, M. Gale, who alleged that he was able to arrest, by means of this remedy, an attack of tonsillitis in 24 hours. I have never been able to obtain so rapid a result, but I have found the drug equally sure and effective. I subjoin a list of cases treated by this method:

100 Cases Treated with Bicarbonate of Sodium.

Age.	Duration of Disease.	Cases.
18 to 24 years ..	36 hours ..	20
18 to 24	48 ,, ..	42
24 to 48	48 ,, ..	20
24 to 48	5 days ..	15
24 to 48	6 ,, ..	3

Theo. M. Kendall, B. A., Sydney.
L. R. C. S. E., L. R. C. P. E., L. M.
50 Macleay Street, Pott's Point,
Sydney, N. S. W.
—*British Med. Jour.*, June 13, 1885.

Parthenin. a Cuban Cure for Neuralgia.—Dr. Antonio L. Esperon reports in the Crónica Medico-Quirúrgica, of Habana, Cuba, two cases of neuralgia treated with parthenin, a drug extracted from a plant known in Cuba as "bitter broom" (escoba amarga). The first was a married woman, aged twenty-three, who, after an abortion, became subject to severe pain at the menstrual periods, affecting the iliac fossæ. In one of these attacks, when the author attended her, he found morphia, chloral, and bromide of potassium useless, but that relief was afforded by quinine. In a subsequent attack, when there were rigors, headache, pyrexia, and furred tongue, ovarian neuralgia was diagnosed. A subcutaneous injection of morphia was given, and afterwards one-sixth of a gramme of parthenin every two hours was ordered. At the next visit it was found that after an hour the effects of the morphia began to pass off, and the pain had returned. The medicine had not been administered. After three doses of the parthenin the pain disappeared, and did not return. The second case was that of a colored woman with severe coccygodynia. Morphia only relieved this temporarily, but after a few doses of one-sixth of a gramme of parthenin in pills, the pain perma-

nently left her. The writer has also employed parthenin in many cases of facial neuralgia with great success. He believes that it is especially indicated in neuralgias of malarial origin.—*London Lancet.*

TANNATE OF MERCURY.—At a recent meeting of a Boston Medical Society DR. G. H. TILDEN showed a specimen of tannate of mercury which has recently been employed in the treatment of syphilis, having been first used for that purpose by LUSTGARTEN. The drug consists of a coarse granular powder, of a greenish color, inert and tasteless. It is unaffected by acid solutions, but is decomposed by dilute solutions of the alkalies, the action of which causes the formation of mercury in a very finely divided state, a fact which can be verified by the microscope. The theory of its action is that it passes through the stomach, when the secretions are acid, unchanged until it reaches the intestine, when the normally alkaline secretions cause its decomposition and the metallic mercury, which is set free, is absorbed. The reports of its efficacy in the treatment of syphilis are very favorable, and its use is apparently attended with uncommon freedom from any of the ordinary bad effects due to the administration of mercury, such as salivation and gastric or intestinal irritation. The dose is about a grain, and it should not be combined with alkalies or the iodide of potash, the former causing its premature decomposition, while the the other combines with it to produce the iodide of mercury, a much more irritating and powerful preparation than the tannate.—*Boston Medical and Surgical Journal*, June 18, 1885.

TREATMENT OF NEURALGIA BY NEUBER'S METHOD.—DR. SCHAPIRO recently read a paper, at the Medical Society of St. Petersburg, upon the results of researches on treatment of neuralgia by NEUBER'S method of hypodermic injections of a solution of osmic acid. His observations include eight cases of trigeminal neuralgia (three males and five females). The age of the patients varied from 38 to 60. In every case the disease was of a very severe type and of long standing. The result of the treatment was complete cure in five cases (three females and two males), great alleviation of the pain in two cases, and no success at all in one case (female). The number of injections made in each case was from one to 12 (20 in one case), five to ten drops being injected every time. The duration of the treatment was from one to 60 days. DR. SCHAPIRO adopts a modification of NEUBER'S one-per-cent. aqueous osmic solution on account of the osmic acid soon undergoing decomposition in a watery solution. After a whole series of combinations, he concluded that an addition of glycerin to the watery solution prevents for a long time osmic acid from undergoing any change. In not one of the cases treated by him was an injection followed by any ill-effect. The patients are now under the author's observation (two to six months after the commencement of the treatment).—*London Lancet*, June 13, 1885.

A NEW METHOD OF DETERMINING CANCER.—In the determination between affections that simulate cancer and the dire disease itself, resource is generally had to the use of the microscope, but ERNST FREUND, of Vienna, has discovered a chemical test which he claims can be relied on.

One fluidrachm of blood is diluted with water; after an hour the clear mixture is decanted from any sediment: a few drops of solution of chloride of iron and acetate of sodium are added to precipitate albuminates; the liquid is warmed, exactly neutralized with solution of caustic potassa, and filtered. To the filtrate is added a few drops of FEHLING'S solution and heated, when if a yellowish precipitate is formed it is due to sugar. In the absence of diabetes in the patient this indication of sugar is only found when cancer has become developed.

If the reaction does not occur at once, dilute muriatic acid is added, the mixture warmed, then neutralized, again tested with FEHLING'S solution, At times this latter treatment is necessary to detect glycogen which is thus changed into sugar.—*Pharmaceutical Record.*

VINEGAR AS A SUBSTITUTE FOR ERGOT.—It might not be stale news to all the readers of the Lancet, that we have in vinegar a very valuable substitute for ergot in post-partum flooding. Indeed, it appears to be far superior to ergot when a prompt and very energetic action is called for. The effect is almost instantaneous, and is due, I believe, to reflex irritation, caused by the shock to the gastric nerves.

I was caught out in the country recently without any ergot, and, as luck would have it, a first class case presented itself for a trial of the virtues of the vinegar treatment. The patient was given a glass of common vinegar, with instructions to take quickly three or four good swallows. She had been bleeding profusely, although not dangerously, the womb, soft and dilating, was very little influenced by pressure through the abdominal walls. Almost instantaneously as the vinegar entered the stomach, there was a shudder and a *very firm* and tonic contraction of the womb, with a cessation completely of all hemorrhage.—F. W. EPLEY in *Northwestern Lancet*, July 1, 1885

ANOTHER DIPHTHERIA CURE.—TALBERT, in the Journal de Medecine de Paris, states that he has used large doses of copaiba in the treatment of more than 300 cases of severe diptheria. He affirms that he has cured all cases which had not reached the third stage, that of anesthesia. Intense urticaria may follow the administration of the drug. He prescribes "large doses" of the following mixture:

℞	Copaiba	80 grammes
	Essence Peppermint.....	30 drops.
	Gum.....	20 grammes.
Mix and add—		
	Syrup.....	400 grammes.
Beat up rapidly and add—		
	Water.....	50 grammes

—*Canadian Practitioner.*

UNVARYING WEIGHT AN EVIDENCE OF A SOUND CONSTITUTION.—Let me here refer to this matter of variation of weight. Many persons will be met with who have a wide range of

what may be called normal weight. I never like to see this symptom, for it seems to me that those persons who lose flesh so rapidly cannot be made of very good stuff. A person whose flesh is solid, and who is living a correct life, should maintain pretty nearly the same weight summer and winter, varying, perhaps, from three to five pounds. Persons will, however, be found whose weight varies twelve or fifteen pounds at different periods of the year. With such persons I have observed that sickness goes hard. On the other hand, loss of weight in them is not to be regarded as of such serious moment as it would be in a person who was thoroughly in training, and whose flesh was solid and well organized.—PROF. PEPPER, in *Med. Times.*

ACTION OF HYDROCHINON.—From some observations of his own, DR. R. P. ROSTOSHINSKY, of Tombov (Proceedings of the Tambov Med. Soc., 1884, No. 6; and Meditz. Obozr, 1884, No. 19), draws the following conclusions in regard to the antipyretic action of hydrochinon: 1. Hydrochinon invariably produces a rapid decrease in the febrile temperature. A ten-grain dose causes a fall of 1°.5C.; a 16-grain dose, 3°.5C. However, the antipyretic action of the drug is of short duration. The temperature rises again in three or four hours, the rise being accompanied by a more or less intense rigor. 3. Hydrochinon reduces the frequency of respiration and pulse, and, when used in large doses, produces profuse respiration, which is followed by a quiet sleep. 4. In the healthy subject, the drug has no action whatever on the temperature.—*London Med. Record*, January 15, 1885.

HAMAMELIS IN HEMORRHAGE FROM THE BOWELS.—RICHARD HALPIN reports the case of a cabinet-maker, aged 44, who had been subject to bleeding from the rectum for a number of years, since an attack of pleurisy. The hemorrhage occurred periodically, lasting for a month and ceasing for a month. The blood passed in the morning immediately after the bowels were relieved and was usually fluid, bright red, and about two ounces in amount. He was free from piles, fistulæ, etc. He was treated by injecting into the rectum an ounce of the aqueous distillate diluted with a little water and administered a half drachm by the mouth every three hours. The bleeding was promptly arrested and during several weeks that the patient was kept under observation there was no recurrence of hemorrhage.—*British Medical Journal.*

URARI IN THE TREATMENT OF TETANUS.—At a recent meeting of the Surgical Section of the Academy of Medicine in Ireland, "Brit. Med. Jour.", MR. MCARDLE read the notes of a case of acute traumatic tetanus, in which doses of two-thirds of a grain of urari, every fifth hour, resulted in a cure, the more remarkable effects being relaxation of the contracted muscles in from six to ten minutes, very rapid and tumultuous action of the heart, cyanosis, labored breathing, and dilatation of the pupils. Once the patient was sufficiently under the influence of the drug; the action of the bowels was regular. MR. MCARDLE suggested its combination with pilocarpine, in the hope that the cardiac and respiratory trouble might be prevented. He also stated that it must be used in large doses, and that its action was cumulative.—*N. Y. Med. Journal.*

DR. FERRAN'S INOCULATIONS.—The interesting account given by our correspondent last week of the inoculations for cholera now being so extensively practiced by DR. FERRAN, may be supplemented by the fact that the Spanish Government, acting upon the recommendation of the commission sent to report upon the subject, has authorized the continuance of these "experiments." In a letter to M. PASTEUR, whose views upon the protective character of inoculation with attenuated virus from the basis of the practice, DR. FERRAN, says that, although actual immunity may not be obtained, still his vaccinations will alleviate any attack which may occur subsequently. As a result of the official sanction, we may expect to hear of a considerable increase in the number of inoculations.—*London Lancet.*

ALVELOS.—Alvelos milk is the juice of alvelos plant, euphorbia heterodoxa (Martin's) and euphorbacia growing wild in the whole of northern Brazil, which, according to DR. BRANDEIRO, in Pernambuca, is said to render good service in the treatment of ulcers, epithelial cancer of the lips, nose, the face, the eyelids, etc. Barau, in Santa Cruz, has, through treating the juice with water, and afterwards with absolute alcohol, isolated therefrom a resin which possesses very powerful and irritating properties, and seems to contain the active principle of the plant. It is used in the proportion of from one to three parts in 100 parts vaselin.—*Archiv. der Pharmacie*, May 2, 1885.

THE TREATMENT OF FURUNCLES.—At a recent meeting of the Société médicale des hôpitaux, M. GINGEOT maintained that the formation of boils was not dependent on any diathesis, but was of parasitic origin. He uses an abortive treatment consisting of local applicaions of tincture of camphor or tincture of iodine, of which the latter is to be preferred. Several applications are to be made in rapid succession until the skin assumes a deep brown or blackish color. The author uses the sulphides, however, to overcome the disposition to successive crops of boils.—*N. Y. Med. Journal.*

SEDUM ACRE IN DIPHTHERIA.—DUVAL, of Madrid (Siglo Méd.; Therap. Gaz.), speaks in praise of this remedy, which he has employed in a great number of cases with perfect success. He gives small doses of the decoction every hour. Violent vomiting is produced, during which the false membrane is expelled. Besides loosening the membrane, the drug is said to disinfect the affected surfaces and to prevent fresh deposits. The juice is said to act powerfully as a local astringent.—*New York Medical Journal.*

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Original Articles.

THE SUMMER DIARRHŒAS OF INFANTS.

BY J. J. MULHERON, M. D.,*

With each recurrence of the heated term the question of the causation, nature, and treatment of the bowel complaints, which are so lamentably fatal at this season among infants, below the age of two years especially, forces itself upon the consideration of physicians. Notwithstanding the earnest thought which has been given this question for so many years, there are few practitioners who do not suffer from feelings of apprehension with each annual invasion of the thermometer into the nineties, for it is then that we find ourselves face to face with a foe to infant life at which we do, at best, strike but blindly. While we understand something of the causes which invite its attack, we are practically quite powerless to avert them, and such is our ignorance of its nature and the poverty of our resources, that when it has made its onslaught we find ourselves, too frequently, out-generaled at every point.

In undertaking a consideration of this grave question, I do not presume to add anything to the existing knowledge which may be utilized towards its solution. It may be profitable, however, to review this knowledge, and to give it such application as observation and experience in the treatment of the affection have suggested. It is in this way that the vast bulk of periodical literature is made helpful, and, indeed, becomes quite indispensable to the workers in the field. Were nothing written except what had never before appeared, in any other shape, there would be a blight to progress.

The term "Summer Complaint," while permissible, perhaps, as between the physician and the public, should be expunged from medical literature and conversation. When possible, the name of an affection should carry with it some suggestion as to the essential pathological condition it is employed to designate. "Summer Complaint" serves no such purpose. By common consent it is employed to indicate, chiefly, either of three affections essentially different in their nature—simple diarrhœa, enterocolitis, and cholera infantum. The child may, of course, be attacked with other forms of diarrhœa, but these are the three which are commonly covered by the name "Summer Complaint." These three affections may, possibly, have a common origin, that is the causes of each, predisposing and exciting, may, for all practical purposes, be held to be identical. Here, however, their similarity ends, for even the alvine evacuation of each differs from that of the rest. When the profession comes distinctly to regard these affections as three instead of one, it will have surmounted one of the first obstacles to their successful treatment.

A word as to their causes:

1st. *The Predisposing Causes.*—When it is remembered that an adult may subject his stomach and bowels to almost every conceivable abuse, in the matter of the nature, quality, and quantity of both his food and his drink, and without, for an indefinite period, seriously disturbing their (function), we are driven to the conclusion that an inherent weakness pertains to the intestinal tract of the infant. In spite of zealous and intelligent nursing and feeding, and the most approved hygienic conditions, children sicken and die of bowel affections. The growth of the intestines in the infant is much out of proportion to the general systemic development, and, doubtless, the rapid tissue-change incident thereto induces a condition of erethism which renders them peculiarly susceptible to disturbing causes. The nervous energy diverted to the process of development, is at the expense of the sympathetic system, which controls the functions of the intestines, and when the equilibrium of health is disturbed there is not a sufficiency of reserve (*vis medicatrix naturæ*) to restore it, and we have a condition of vaso-motor paralysis, with dilatation of the capillaries, blood stasis and exosmosis of serum. This theory I would have especially to apply in the case of cholera infantum.

The other predisposing cause (if it be a cause) is dentition. The belief that teething predisposes, or actually causes diarrhœa, is a tradition. How this physiological process bears this relation has never been satisfactorily explained, but the gum lancet has, nevertheless, been very generally resorted to. The time during which the canines are cut (the "second summer") corresponds with the time of the greatest frequency of diarrhœa, and hence, *post hoc ergo propter hoc*, the cutting of the "eye" and

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"stomach" teeth came to be regarded as a disturber of the bowels. Probably, however, the diarrhœa and dentition are but coincidences, the essential predisposing cause being the great functional activity of the intestinal follicles, and the attending erethism of the tract. It is not, however, to be inferred that dentition is to be disregarded as a disturbing element in the child suffering from summer diarrhœa. It is very prone to set up cerebral irritation, and in this manner to cause disturbance particularly to the stomach. It is, therefore, good practice to soothe the gums either by scarification or local anodynes.

2d. *Exciting Causes.*—Inasmuch as the bowel affections of infants are, essentially, diseases of the city, being of comparatively infrequent occurrence in rural communities, we look to find in the former the exciting causes of the disturbance. These causes are the impure air and the vitiated food which the conditions of the city make it so difficult, if not impossible, to guard against. The country is the natural home of man, and the artificial conditions which obtain in cities are antagonistic to the well-being of the race. The food on which we live is brought to us from the country, and that which constitutes the basal nutriment for the bottle-fed infant of the city is of a very perishable nature, exceedingly susceptible to the action of summer heat and absorbs very readily the deleterious gases of decomposition. If the bottle-fed child could be given cow's milk fresh from an animal kept under proper sanitary conditions on the premises, the percentage of diarrhœal disorders among its class would be much lessened.

Plausible though the arguments of the Infant's Foods manufacturers may be, the fact remains that nature has provided only milk for the nourisment of the young of mammals, human as well as brute. Starch has no place in the dietary which she has provided for this young child, and it is some months before she provides an apparatus in it for the secretion of the necessary ferment for the digestion of this carbo-hydrate. Until she supplies this ferment, starch acts as a foreign body in the child's stomach and bowels, and in the infant particularly predisposed, it sets up diarrhœal disorders. This ferment is contained chiefly in the saliva, and prior to the eruption of the first teeth the salivary apparatus is only in its embryonic stage, and does not attain its complete development until dentition has been well-nigh completed. Until the child has reached its eighteenth month, it should, therefore, be fed no starch, and though the ingenuity of the chemist may succeed in converting the starch into dextrin, the food thus made is still not the child's natural aliment. When, either through inability or caprice on the part of the mother, the suckling cannot be fed from its natural font of supply, a wet-nurse should be provided, and when this somewhat expensive and obtrusive substitute is impracticable, the next best food readily available, is the milk of the cow. The chief objection to it is in its constituent casein which is more abundant than in human milk, but it may, by proper admixture with barley-water, for instance, be made to coagulate somewhat in the same form as obtains in the case of the latter. If fresh and pure cow's milk could be secured for the city bottle-fed infant, the points in which it would differ from the mother's milk could be practically overcome. The objection lies not so much to the milk *per se* as in the changes which it rapidly undergoes in the summer season, and which it is practically difficult to guard against. The cow cannot be kept in the city, in the summer months especially, under such conditions as would insure a healthy secretion of its milk, and for this and economic reasons, the milk must come from the country. But how pure soever it may be when taken from the cow at the distance from the child to whom it is administered in the city, it is practically impossible to prevent its lactic-acid fermentation before the child receives it. And herein we have the chief exciting cause of the bowel affections of our city, bottle-fed children.

The other important exciting cause exists in the noxious exhalations of the city—the "civic malaria." The exact nature of these is not yet settled, although they are numerous. They are both gaseous and solid. Among the former we have sulphurous, sulphuric, carbonic and nitric acids, sulphuretted hydrogen, carburetted hydrogen, carbonic oxide, and the compounds of ammonium, phosphorus and chlorine. Among the latter are the numerous forms of bacteria and other impurities with which the air of the city is loaded, especially during the heated term, and which may be seen by the naked eye in the sunbeam as it enters the darkened room. These taken into the system through the lungs are eliminated through these intestines and thus set up irritation.

The summer heat has in itself been held to be an exciting cause of infantile diarrhœa, but when we remember that the heat in the country is quite as intense as it is in the city, and that diarrhœal disorders are comparatively rare among country infants, the propriety of classing it as a cause becomes apparent.

Sudden changes in the temperature are very fruitful of diarrhœa in children, and admonish to great care of the little ones at such times. Perspiration, which is favored by the heat, is suddenly checked by a change to cold, and the intestines being called upon to act vicariously are seriously disturbed.

To properly understand the nature of a disease, is to place us at once in a position to cure

it. We have at our command a very rich and highly-differentiated list of remedies, and, thanks to combined physiological experimentation and clinical observation, we are quite powerful in the presence of the majority of diseased conditions. The main cause of our failure lies in our ignorance of the exact conditions we are called upon to relieve, and in few affections is this cause more operative than in those under consideration. If we fully understood the pathological conditions which obtain in the summer diarrhœas of infants, we should, doubtless, be able to select from our armamentarium more successfully than we now do, the remedies for their relief. The evils of empiricism are nowhere more apparent than here, and with the knowledge in our possession our most intelligent efforts are too often empiricism at best. We are left too largely to conjecture the pathological condition and our treatment is too largely symptomatic.

In the simple diarrhœa which attacks the infant, there seems to be a simple excess of the natural action of the bowels, without appreciable anatomical change. This excess may be due to the presence of some irritating substance, to a simple relaxation of the bowel, or to a mild form of catarrh. Within certain limits it is, doubtless, curative, and should not be suddenly checked. This is at all events the popular impression, and, like most popular impressions, it has in it an element of truth. It requires good judgment, however, to determine just how long a diarrhœa should continue unchecked. If it does not cease with the removal of the offending cause, or if it be unable to effect such removal, it is prone to develop into a muco-enteritis.

The diarrhœa which is the symptom of entero-colitis, has ceased to be curative, and is no longer a thing of little moment.

Entero-colitis is a grave disorder, demanding prompt and intelligent care. The inflammation is catarrhal, and though the whole of the small intestine may be involved the ileum is most generally the portion which, with the colon, is attacked. The mucous membrane is reddened and thickened, and the solitary glands and Peyerian patches are usually found to be so swollen as to be raised above the surface. Should the process have continued for some length of time, the post-mortem examination reveals ulceration at the lower part of the ileum and the upper part of the colon. Although the symptoms would seem to point to hepatic involvement, the appearance of the liver, post mortem, fails to reveal any change. The greenish, chopped-spinach discoloration of the stools is the symptom which in former days was regarded as pointing to the liver. This discoloration is, however, not due to vitiated bile. Its exact nature has not yet been determined, although it is probably due to an admixture of the intestinal secretions with fæcal matter and its exposure to the atmosphere. The discoloration frequently does not appear until after the stool has been voided for several hours.

The most severe form of "summer complaint" is cholera infantum or choleriform diarrhœa, so called from the resemblance of its severe symptoms to those of Asiatic cholera. The name is, however, misleading. The morbid anatomy in cholera infantum throws little light on the pathological condition. A redness of the mucous surface of the bowel, not diffused, as in the case of inflammatory diarrhœa, but occurring in patches, may be discovered, but its absence is so frequent as to justify the suspicion that it occurs as a mere coincidence, and is not an essential change. Frequently instead of redness the mucous membrane is more anæmic than normal. The softness of the membrane may be either a post mortem change, or may be due to maceration in the profuse serous exudate. There is such absence of anatomical lesion in the bowel as to force us to regard the disease as one of perverted innervation, although it must be confessed that neither the brain nor the spinal cord have been discovered to show any such serious change as this assumption would seem to require. But the absence of change there, does not, however, argue that the ganglionic system is not involved. The kidneys are usually found to be congested, thus accounting for the anuria which is so frequently present.

The absence of sufficient anatomical change to account for the excessively violent symptoms of cholera infantum, has opened the door for speculation as to the nature of the complaint. It has been sought to identify it with thermic fever, and there are, indeed, some striking points of resemblance. Dr. C. G. Comegys, U.S.A., is the author of this view of its possible nature, and Dr. H. C. Wood says regarding it: "Any one who has seen as I have this summer, the child on whom drugs had ceased to act, and who was seemingly doomed to die, relieved in twelve hours by enforced cold bathing every three or four hours, will grant to Dr. Comegys the credit of having introduced one of the most life-saving improvements in modern infantile therapeutics. The sudden sweet sleep replacing, after the bath, the fretful nights and days of unrest, is a thing never to be forgotten when once seen, and the arrest of the diarrhœa is certainly no less remarkable." Dr. Comegys himself, in advocating his theory, gives this graphic description: "We are summoned, in short, very often to see a child with a hot skin (temperature, 102½° to 105°; rapid pulse, 130 to 150; breathing, 30 to 40), with frequent purging of semi-fluid, greenish, watery, fecal, half-digested matters; the mouth and tongue are dry, the thirst is intense, but the water given to appease it is quickly thrown off, the eyes are

staring, pupils contracted, insomnia, rolling of the head, and uttering distressing cries, due to the headache from hyperæmia of the cerebral vessels and the unappeased thirst."

In this microbe age, it would have been strange had the bacillus theory not been called in to account for cholera infantum. Space and the scope of this paper forbid a discussion of this theory as thus applied, and it must suffice to give the conclusions of HENOCH on this point: "These rapidly fatal choleraic diseases appear to be produced by fungi, like those of splenic fever, and are found not only in the intestinal contents, but also in the epithelium and submucous tissue of the intestines, whence they have migrated into the blood-vessels and lymphatics. At present, however, we can regard the mykotic theory of cholera infantum as only a very probable hypothesis."

Cholera infantum is, essentially, a neurosis. The mechanism of the forces by which it is produced was admirably stated by the Medical News, of Philadelphia, some three years ago: "The bad air (germs?) depresses the functions of the splanchnics, the inhibiting nerves of the intestinal canal, as the pneumogastrics are for the heart. PREVOST demonstrated that the ablation of the spheno-palatine ganglion caused a profuse out-pouring of the serous fluid from the Schneiderian mucous membrane. The depression of the splanchnics probably has a similar effect on the vessels of the intestinal mucous membrane. This disturbance must necessarily be aided by the fermentation of the starchy aliment taken in excess. High febrile heat and an algid condition will follow, the former at the onset of the disease, the latter after a persistent out-pouring of the fluid from the intestinal mucous membrane."

Treatment.--The first thing necessary in undertaking the treatment of a case of "summer complaint," is to decide to which of the three forms of intestinal disturbance above referred to, the case belongs, and having settled this point, to settle on some definite theory of its nature and the pathological conditions which obtain. Without these preliminaries, the physician must flounder aimlessly about.

The armamentarium which I would suggest in going out to cope with the summer diarrhœas, of infants comprises the following drugs and remedies, it being understood, of course, that the dietary shall be determined *pro re nata*. The drugs are mentioned at random, and are not given in the order of their importance: Castor oil, prepared chalk, calomel, creasote, salicylic acid, opium, strychnine, vegetable astringents, ergot, belladonna, chamomile, bromide of potassium, sulphuric acid, subnitrate of bismuth, oxide of zinc, cocaine, the spice poultice, and warm and cold baths.

A brief review of the physiological action of these may assist to their therapeutic application. Castor oil is a mild but decided purgative, and is at the same time an emollient through its action on the intestinal mucous membrane. Prepared chalk (carbonate of calcium) is an antacid. The belief that calomel is a cholagogue is now very generally discarded. The drug has, doubtless, a complex action, but for our present purpose it is sufficient to state that it is an antiseptic, having specially marked anti-fermentative properties. Experiments conducted by WASSILIEF in HOPPE-SEYLER'S laboratory, are quite conclusive as to its influence in preventing decomposition and butyric acid fermentation in the intestines. Added to a cultivating fluid it prevents the development of micro-organisms, while it destroys the activity of those which have already formed. These properties are, probably, due to the formation of the bichloride of mercury through its union with the chlorides of the stomach. Creasote is intensely poisonous to all forms of infusoria and fungi. It allays irritative conditions of the gastric nerves, and becomes thus, also an excellent anti-emetic. Salicylic acid destroys low forms of organic life and ferments. Opium has a very manifold action, but for our present purpose it is sufficient to recall the fact that it is an anodyne, that it diminishes peristaltic action of the bowels, and that it checks secretion from all surfaces except that of the skin. Strychnine, besides its characteristic action on the spinal motor nerve-centres, influences also such portions of the cords as affect the vaso-motor centres. Without being able to state its exact physiological action in this direction, clinical experience has demonstrated its value as a tonic in atony and relaxation, both of striated and non-striated muscular tissue. Touching the action of the vegetable astringents, little can be added to CULLEN'S definition of them as "substances which produce contraction and condensation of the soft solids, and thereby increase their density and cohesion." BOERHAAVE defines them as "medicines which cause the parietes of the blood-vessels to approach one another, close their tubes when open, increase the strength and rigidity of their fibers, and restore their firmness to relaxed tissues." Ergot has the peculiar property of causing vaso-motor spasm, and its action is noticeable in the non-striated muscular fibre of the intestines as in the same tissue found elsewhere. Belladonna is a stimulant to the vaso-motor centres, causing contraction of the capillaries. It checks secretion from glands. It relieves pain. ANSTIE regarding it as the best remedy to mitigate pain of every kind in the pelvic viscera. Chamomile, through the volatile oil which it contains, possesses the power of subduing reflex excitability. GRISAN found it impossible to tetanize with strychnine a frog which had been fortified with chamomile,

and, *vice versa*, when excitability had been produced by strychnine it could be calmed by means of chamomile oil. The power of bromide of potassium in allaying reflex excitability is well-known. Subnitrate of bismuth acts, probably, locally, forming a coating over the mucous membrane and protecting it from the action of irritants. Oxide of zinc, besides being an astringent, possesses also the property of allaying reflex irritation. Sulphuric acid is tonic and astringent, with an apparently specific action on the intestines. The local anæsthetic action of cocaine has been so much discussed recently as to make reference to it unnecessary. It suggests itself as an application to the irritated gums. The spice poultice is a counter-irritant, and is, probably, also antispasmodic through absorption of the oils which it contains.

With a proper conception of the nature of the several forms of summer diarrhœa and this summary of the physiological action of the drugs named, before us, the question of treatment would be much simplified. The chief difficulty lies in our indeterminate views touching the nature of these affections.

To briefly summarize the conclusions to be drawn from the above conception of the nature of the affections discussed and of the action of the drugs named:

Simple Diarrhœa.—Assist the effort of nature to rid the bowel of irritant matter, with a dose of castor oil. Follow this by sufficient doses of prepared chalk to correct the acidity of the discharges; give opium to diminish the peristaltic action; and give astringents and strychnine to restore tonicity. The following is a good formula for a child of say 18 months:

℞ Tr. opii camph., ʒ ss.
Ext. rubus villos. fl., ʒ j,
Tr. nucis vomicæ, gtt xij,
Mist. cretam. qs. ad ʒ iij.

M. Sig.—A teaspoonful every three hours.

Entero-Colitis.—When the character of the stools, the elevation of the temperature, the disturbance of the stomach, etc., indicate the involvement of the intestine in a catarrhal inflammation, the means employed in the simple diarrhœa, which is usually the precursor of these graver symptoms, must be supplemented by other remedies. Place the child on small doses of calomel and ipecac—say a twelfth of a grain of each for a child of eighteen months—every 2 hours, alternated with a teaspoonful of an infusion of five chamomile flowers in a cup of boiling water. The spice poultice moistened with hot brandy, must be laid over the abdomen. If the temperature pass 101°F., it must be reduced by baths, the water of which must at first be tepid, and gradually cooled to 70° F., or lower, as the circumstances of the case require. Should twenty-four or thirty-six hours of this treatment be followed by no betterment, and the stools continuing or becoming more colliquative, I have found the following formula to answer admirably, quieting the irritability of both the stomach and the bowels:

℞ Creasoti, gtt jv.
Zinci oxidi, gr. xvj.
Tr. belladonnæ, ʒ ss.
Glycerini, ʒ ss.
Aquam q. s., ad ʒ ij.

M.
For a child a year old:
Sig.—A teaspoonful every three hours.

This may be alternated with aromatic sulphuric acid, two drops in ten drops of brandy, every 3 hours. The spice poultice should be continued.

Cholera-infantum.—Bearing in mind our conception of this affection as a neurosis, our treatment should be directed, "first, to destroying the organisms, on which every fermentation depends for its development; secondly, to allaying the irritation of the end organs of the splanchnics in the mucous membrane; thirdly, to arresting the outward osmosis from the vessels; fourthly, to lowering the febrile temperature and removing the algid condition." My experience leads me to speak with favor of salicylic acid and chalk, as recommended by DR. HUTCHINS, in the September, 1880, number of the Proceedings of the Medical Society of the County of Kings, N. Y., as a remedy meeting the first and second of these indications. This combination is useful only in cases of serous diarrhœa, having no efficacy in the inflammatory or lienteric form. It acts happily, also, in allaying gastric irritability. Three grains of salicylic acid rubbed up with two grains of prepared chalk, should be given every 3 hours. Care should be taken that the chalk be pure, and that during the effervescence attending the addition of water to the powder, no odor of chlorine be emitted. Such odor denotes the presence of chlorine, a residuum of the manufacture of chlorinated soda. It is apt to exist in prepared chalk, and should be carefully avoided. The creasote formula, given above, for entero-colitis, has also answered a good purpose, especially in cases attended with much gastric irritability.

There are few cases of cholera infantum in which the bromide of potassium will not prove helpful, and especially when there exists restlessness, wakefulness, and twitching of the muscles. It allays the irritation of the splanchnics, and of the nervous system generally.

Baths hold an important place in the treatment of the fever of cholera infantum and for one reason, among others, that it is of little use to administer medicines as long as the temperature is elevated. The soothing influence of a

cold bath on a child whose temperature has reached say 103° F. and the increased activity of the drugs administered after the bath needs but to be witnessed to make converts to this much neglected remedy in the treatment of cholera infantum. The child should be immersed up to its neck in water at a temperature of 95° F., to which cold water should be added until the bath reaches 70° or even lower, the condition of the patient, his temperature, etc., being the guide to the reduction. No hard-and-fast rules can be laid down to govern the temperature of the bath or its frequency. The condition of the infant must be the guide, which the good sense of the physician must be trusted to interpret and follow.

When the child has entered the algid stage of the disease, treatment offers little hope of rescue. Alcoholic stimulants and warm baths are about the best we can apply. Belladonna, through its action on the heart, suggests itself as a remedy in this condition, and experience has shown it to be of value. By paralyzing the terminal inhibitory filaments of the pneumogastric, it gives the heart over to the sympathetic and we have, as a consequence, increased rapidity of contraction and raised arterial tension—a condition of affairs which it would seem very desirable to secure in the cold stage.

It is, of course, not presumed that the above covers the whole ground of the affections named. It is but an outline at best, and omits many important facts in the matter of treatment, which only the exigencies of the case in hand can suggest. For instance, no reference has been made to the use of opium in the treatment of cholera infantum. As a general thing it is a drug in which I have not much confidence in this condition, and yet there are cases, particularly of great irritability of the stomach, in which the hypodermic administration of morphine not only does good of itself, but also prepares the system as nothing else can for the exhibition of other drugs. The question of the dietetic treatment of these cases has also not been touched on, notwithstanding its great importance. No article can be written on this vast subject which must not leave a vast deal to the judgment of the individual physician treating an individual case.

TYROTOXICON—CHEESE POISON.

ABSTRACT OF A PAPER BY PROF. V. C. VAUGHAN, M. D., PH. D.

At the meeting of the Michigan State Board of Health, July 14, 1885, DR. VAUGHAN presented a report of his investigations on poisonous cheese. It is well known that cases of severe illness follow the eating of some cheese. Such instances are of frequent occurrence in the north German countries and the United States. In England they are less frequently observed; while in France, where much cheese is made and eaten, these cases are said to occur very rarely. A few years ago the reputation of a large cheese factory in northern Ohio was destroyed by the great number of cases of alarming illness arising from eating its cheese. Dairymen know this cheese as "sick" cheese.

KINDS OF CHEESE THAT ARE POISONOUS.

A German author says: "The numerous kinds of soft cheese prepared in small families, or on small farms, are generally the cause of the symptoms; while it is quite exceptional to hear of symptoms arising from the use of cheese prepared in large quantities." Some two years ago a family in Alpena, Mich., was poisoned by eating of cottage cheese; but the cheese which poisoned so many in this state last year was made at one of the largest factories in the state, and by a thoroughly experienced cheese-maker. The old foul-smelling cheese, such as Limburger and Schweitzer, have never been known to be poisonous.

EFFECTS OF THE CHEESE.

The symptoms produced by "sick" cheese, as reported by German and American physicians, agree quite closely, and are as follows: Dryness of the mouth and throat, with a sense of constriction, nausea, vomiting, diarrhœa, headache, sometimes double vision, and marked nervous prostration. In rare instances the sufferer dies from collapse. As a rule, recovery occurs in a few hours, or, at most, after a few days. The symptoms of cheese poisoning and those of sausage, canned meats, and fish poisoning are very similar, though death results more frequently from the others mentioned than from cheese poisoning.

APPEARANCE OF THE CHEESE.

The samples of cheese examined had no peculiarities of appearance, odor, or taste, by which it could be distinguished from good cheese. It is true that if two pieces of cheese—one poisonous and the other wholesome—were offered to a dog or a cat, the animal would select the good cheese. But this was probably due to an acuteness of the sense of smell possessed by the animal and not belonging to man. Indeed, if a person tasted a cheese, knowing that it was poisonous, he might detect a sharpness of taste which would not ordinarily be noticed.

HAVE WE ANY READY MEANS OF RECOGNIZING POISONOUS CHEESE?

There is no certain means, aside from a chemical examination, by which a poisonous

cheese can be distinguished from a wholesome one. The most reliable ready method is probably that proposed by DR. VAUGHAN a year ago, and it is as follows: Press a small strip of blue litmus paper against a freshly cut surface of the cheese; if the paper is reddened instantly and intensely, the cheese may be regarded with suspicion. When treated in this way any green cheese will redden the litmus paper, but ordinarily, the reddening will be produced slowly and will be slight. If the piece of cheese be dry a small bit should be rubbed up with an equal volume of water, and the paper should then be dipped in the water. DR. VAUGHAN does not regard the above test as free from error, but as the most reliable ready means now known. Every groceryman should apply this test to each fresh cheese which he cuts. The depth of the reddening of the paper may be compared with that produced by cheese which is known to be wholesome.

EFFECTS ON THE LOWER ANIMALS.

Dogs and cats, at least, are not affected by eating poisonous cheese. This is probably due to the fact that they do not get enough of the poison from the amount of cheese which they eat. The pure isolated poison in sufficient doses would undoubtedly produce upon the lower animals effects similar to those produced on man.

NATURE OF THE POISON.

DR. VAUGHAN has succeeded in isolating the poison, to which he has given the name tyrotoxicon (from two Greek words which mean cheese and poison). It is a product of slight putrefaction in the cheese which probably occurs in the vat, as the curd has been known to poison a person. By this slight putrefaction, or excessive fermentation, as it may be called, a large amount of butyric acid is formed, and this, in the presence of the casein of the cheese, is capable of developing a poison. Different samples of poisonous cheese contain different amounts of the poison. The same weight of cheese from one cake furnished three times as much poison as that from another cake. The poison was obtained in long, needle-shaped crystals, which are freely soluble in water, chloroform, alcohol, and ether. The smallest visible fragment of a crystal placed upon the end of the tongue causes a sharp, stinging pain at the point of application, and in a few minutes, dryness and constriction of the throat. A slightly larger amount produced nausea, vomiting and diarrhœa. The poison is volatile at the temperature of boiling water, and for this reason, even poisonous cheese may be eaten with impunity after being cooked. The substance has also a marked, pungent odor, and through the nose one can obtain sufficient of the volatile poison to produce dryness of the throat. This is true, however, only of the isolated poison. In the cheese the taste and odor of the poison are both modified to such an extent that they would not be recognized, as has already been stated.

The first step in the study of cheese poisoning has now been taken, by finding out what the poison is. Efforts will be made to ascertain the means for preventing its formation.

A CASE OF SEVERE HÆMORRHAGE FOLLOWING EXTRACTION OF TEETH.

BY J. F. WELCH, M. D., STOUTSVILLE, MO.

On the morning of the 23d of May, I was called to assist a dentist in extracting some teeth for a MRS. C——. The patient was in moderate health, though rather delicately constituted, and of a scorbutic diathesis. I feared hæmorrhage, but thought I could control it. She had some four or five teeth extracted the year previously, followed by severe hæmorrhage, which was only restrained by MONSELL'S solution.

I proceeded to administer the chloroform, which she stood admirably. Nine teeth from the superior, and one from the inferior maxilla were removed. Some hæmorrhage followed their extraction, but clots were soon formed in the cavities from whence the teeth came, and the bleeding was controlled. The following morning the impression for a temporary set of teeth was taken, without removing any of the clots. Teeth were made, and patient began wearing them the evening of the 24th. All went on well until the evening of the 25th, when I was summoned. I found the right upper canine the source of the hæmorrhage. I prescribed mild astringent washes, as alum water, etc., but to no purpose. I then used cold, applied ice to the gums, but this had little effect, if any; hæmorrhage seemed to gradually grow worse, until spurting was noticeable.

Mild measures were no longer relied upon, and I resorted to subsulphate of iron, which I first tried to introduce into the cavity, but the flow of blood was so profuse that I could not succeed. By this time several of the clots had become detached from other cavities, and the hæmorrhage became alarming. Patient grew very restless and excitable. I then made a solution of the powder, and saturated small pellets of lint therein, and introduced them as far into the cavities as I could with a probe. This I repeated until all were filled. I then placed a piece of dry lint over the plugs and bound the mouth firmly together. During the excitement a second physician was called, but before he arrived I had controlled the frightful hæmorrhage.

The patient was very much prostrated from loss of blood; pulse 110, temperature 100° F. She was allowed to rest undisturbed for several hours. No more hemorrhage recurred until the mouth was opened for the purpose of nourishment, when an oozing began and rapidly increased until the plugs of lint were washed out, and the case became exceedingly alarming. DR. GORE was again sent for, but in the meantime I had controlled the hæmorrhage in the same manner as before.

Now the idea suggested itself to our minds if we could devise some apparatus to secure the plugs in position and patient be allowed to take nourishment without disturbing them, all would be well.

DR. GORE and myself took the matter under advisement, and concluded to introduce a temporary set of teeth over the plugs and lint. This accomplished, no more hemorrhage occurred.

The patient gradually grew better until the 27th, when severe dentalgia manifested itself. I then removed the lint and plugs which gave her some relief, but still some pain was complained of. Anodyne liniments failed to relieve it, and blistering was resorted to, which controlled it effectually. There still remains a slight ankylosed condition of the jaw due to muscular rigidity, which is gradually improving.

The patient has regained her strength and is doing well, but says not another tooth will she have extracted. I would like very much to hear from any member of the profession who may have had similar experience.

PROSTATOTOMY.

BY C. A. HARMON, M. D., LANCASTER, OHIO.

This is an operation which I believe has not been advised or attempted; yet, when we consider the great number who die from hypertrophy of the prostate and its sequelæ, there would seem to be a demand for some mode of relief.

When the hypertrophy obstructs the flow of urine, all authorities advise the use of the catheter, and the instruction of the patient in the manner of its introduction. My observation has been that when the use of the catheter becomes frequently necessary, life is drawing near its end, catheter fever or cystitis stepping in to close up the case.

This disease is the cause of much suffering and the loss of many lives of men, who, could it be cured, would be good for ten or twenty years of active business life. Ovariotomy has saved the lives of many women, why not prostatotomy save the lives of many men? The operation is simpler, the peritoneum not being opened, and drainage easy.

The first steps in the operation will be the same as in lithotomy. When the gland is reached you will proceed according to the extent to which you wish to carry your operation, but as in most subjects the gland surrounds the urethra, making it impossible to remove it all, and as the middle or false lobe is the offending part, it will only be necessary to remove that part, which can be done by making your incision down to and through the posterior portion of the isthmus connecting the lateral lobes to a point beyond the point of entrance into the urethra of the ejaculatory ducts (very important ducts even to men of fifty or sixty years), then from the bottom of this incision make a V by two incisions, inclosing the middle lobe; then peel the lobe out of its capsule. This lobe has a very thin capsule, but it is very strongly reinforced by the bladder.

The vessels encountered in this operation are the internal pudic, vesical and hæmorrhoidal,—all small. The injury done to the vessels will, probably, by the diminished blood-supply, arrest the growth of or cause the atrophy of the lateral lobes.

Living in a small city, it may be some time before I will have an opportunity to put the operation to a practical test; but it looks to me feasible, and I will claim credit for its origination if no one else antedates me.

Years ago, to my medical associates, I spoke of the feasibility of tapping the pericardial sac and the ventricles of the brain, but made no record of the same. They have since become recognized operations.

TREATMENT OF PNEUMONIA.

BY JOHN BASSIAN, M. D., BROUSSA, TURKEY.

In the MEDICAL AGE, of April 10th, there was an article advocating the treatment of pneumonia by calomel, in opposition to the present method of treating the disease in New York City.

As Broussa is a very hot-bed of lung diseases, and, therefore, having had large experience in the treatment of pneumonia, I beg you to permit me to give a brief outline of my treatment, which has, in all humility I say it, been remarkably successful.

In the first stage of the disease, after giving a saline purgative, if there is constipation, I employ the following prescription:

℞ Sodii bicarb., ʒ ss.
Inf. de digitale, ℥ x.
Sirop. diacode.
Sirop. d' ipecac āā ʒ ss.

M. S. To be taken daily for three days.

When there is no nausea or vomiting, I substitute six grains of the soufre dose d'anti-

moine for the soda at the same time cover the chest with an emollient cataplasm, and give nothing more nutritious to eat than soup, made of meat, broth and rice.

In the second stage of the complaint, I give the following:

℞ Decoct. polygala, ℥ x.
Kermes mineral, gr. ii.
Sirop. d'ipecac.
Sirop. diacode.
Cognac, āā ℥ ss.

M. S. To be repeated three or four times a day.

The cognac must be regulated, of course, according to the strength of the patient.

A blister should now be applied to the affected lung.

If there is much fever I give the following pills:

℞ Quin. sulph., gr. xii.
Poudre de Dover, gr. vi.
Ext. rhei, q. s.

M.

Ft. pil., vi.

S. One pill every hour.

In this stage milk may be added to the soup.

In the third or last stage of the malady, the treatment should be more decidedly supporting.

[REPORTED FOR THE MEDICAL AGE.]

SANITARY CONVENTION AT YPSILANTI, MICHIGAN.

Great interest was manifested in the Ypsilanti Sanitary Convention which was held June 30, and July 1, 1885, under the auspices of the Michigan State Board of Health. The physicians of Ypsilanti, the professors of the State Normal School, and a large number of other prominent citizens of that place were in constant attendance. About twenty physicians and health officers from other places were also in attendance.

C. L. YOST, mayor of the city, opened the convention with a brief address of welcome, in which he said that "in times past we have been honored with the presence of other assemblages for consultation upon religious, political, medical, and other interests, but this is the first time that disinterested philanthropists have come to us to discuss those great practical questions relating to the guardianship of public health." He thought the adage, "an ounce of prevention is worth a pound of cure," was the inspiring motive that brought them together. Their city was more than usually blessed with conditions for good health; still they recognized the value of detailed instruction in sanitary subjects. Sanitary science is in its infancy, and all attempts to further it and bring intelligent attention to its teachings should be welcomed by thinking men everywhere.

EDWIN WILLITS, President of the Michigan State Agricultural College, presided over the convention, and in his address dwelt on the value of human life from an economic standpoint as worked out by eminent statisticians. A number of people who should produce $3,000,000 when in good health, could produce when not in good health only, say, $2,000,000. Here is a loss of one-third, much of which could be saved by applying the simplest sanitary precautions. It is the duty of a community to keep these human earning machines in good condition of health or earning capacity, even from economical motives. A community has the legal right to do this. We want pure water and plenty of it, clean streets, cleansed sewers and drains, swamps drained, cesspools filled up; and we should not count the cost on our fingers. The crowning labor of our medical science is the warding off of disease. Given by heredity a sound constitution, pure air, pure water, and nutritious food ought to guarantee to every human being, as he puts his foot on this earth, his three score years and ten, with which assurance he might plan the labors of a well-rounded life.

REV. DR. WOODRUFF, of Ypsilanti, read a paper on "The Moral Effect of Sanitation." He told of the importance the ancient Jewish people gave to sanitation; and in a forcible way pointed out its power in elevating man morally as well as socially and physically. He thought the present attention given to sanitary matters is not temporary. The reform has come to stay.

PROF. AUSTIN GEORGE, of the State Normal School, spoke on "Sanitary Needs of School Buildings and Grounds." 1. School site should be on gravelly soil, a natural knoll, admitting thorough drainage; 2. Wells should not be nearer than 100 feet to the outhouses; 3. Basements should be high, with free circulation of air under ground floors. School rooms should contain 250 cubic feet of air space for each child. The light should come in over the left shoulder. The windows should go to the ceiling, and within three and one-half feet of the floor. The blackboard should be on the side of the room opposite the windows, and never have a glossy surface; 4. The simplest heating and ventilating apparatus is the hot-air furnace, and for small buildings the jacketed stove. The foul air outlets should be ample, and at the floor level. With any system, the rooms should be frequently flushed with fresh air through windows and doors. The temperature should be kept at 70° Fahr., not by teachers' sensations, but by thermometers; 5. Perfect desks and benches are not yet made; they should be adjustable, to suit different sizes, and be constructed with reference to the curves of the

body. There should be foot-rests which could be raised or lowered until each pupil is made comfortable and able to take a healthful position. Many spinal complaints and pulmonary diseases are produced by improper desks; 6. Means for drying wet wraps should be provided; 7. Precautions against fire should be had, especially in the heating apparatus and the chimney; 8. Inasmuch as the state educates the children, and compels their attendance in public buildings, the state should see that the children are not subjected to any preventable cause of disease.

This paper called out a long discussion, participated in by DR. Avery, of Greenville, President of the State Board of Health; PROF. VAUGHAN, of Ann Arbor, member of the State Board of Health; PROF. MCLOUTH, of the State Agricultural College; PROF. LANGLEY, of the Michigan University, and many others.

DR. BION WHELAN, of Hillsdale, Michigan, spoke on "Sanitation in Small Cities." The water supply should be guarded from contamination from cesspools and vaults. If we could not have sewers, the most feasible plan for disposing of garbage is to divide the city into districts and have it removed by licensed scavengers. Sanitary science should be taught in schools. The women should be taught sanitary needs, as much of sanitary work falls upon them. The nature of contagious diseases, and means for their restriction should be known by all.

DR. J. K. KELLOG, of Battle Creek, member of the State Board of Health, treated of the "Disposal of Slops and Garbage," illustrating by use of the blackboard. He pictured in a graphic way the ordinary condition of back yards, as contrasted with front yards. He prefaced his subject proper with a brief description of bacteria and other low forms of microscopic life, and showed the relation of these to decay, no decay being possible without their intervention. He showed the importance and usefulness of certain sports ; the dangerous nature of others. He spoke of flies in relation to filth. They are a very strong indication of the presence of filth, and consequently of germs, and it is even believed that the germs of certain diseases may be spread by them. Whenever a house is full of flies, you may be certain that slops or garbage of some sort has been allowed to accumulate about the premises. He stated that the air about cesspools, foul drains, and other filthy places is usually swarming with micro-organisms, and he believed that even if such germs were not the direct cause of certain diseases, the continual breathing of such air predisposes thereto. All sources of filth should be carefully and speedily removed from the habitation and its vicinity. Garbage can be reduced to a minimum by a little attention to domestic economy. Much food that becomes garbage through carelessness could be turned to good use if not neglected. Even after due care, however, some refuse will remain. So far as possible this should be burned. That is the best method of disposal. Where it is impracticable a watertight, covered receptacle can be used for receiving such refuse, which should be removed frequently by a paid scavenger, or otherwise. Slops should not be thrown upon the ground, into open drains, or into cesspools in the yard. He had known of frequent instances in which wells and cisterns were contaminated from the seepage of foul privies, drains and cesspools. If slops must be poured on the ground, set off a portion of the back end of the garden, and distribute the slops on different parts of it on alternate days, giving in this way some opportunity for the soil to oxidize the organic matter. Slops containing excreta from contagious diseases should be thoroughly disinfected.

CHARLES R. WHITMAN, of Ypsilanti, one of the regents of the Michigan University, read a paper on the "Limitations and Duties of Local Boards of Health." The powers and duties of local boards of health should be as follows:

1. To ascertain the causes of sickness and of death, and from time to time the prevailing diseases among all classes.

2. To prevent or mitigate diseases, especially zymotic or epidemic, endemic, and contagious diseases.

3. To effect the periodical or special vaccination of the inhabitants.

4. To ascertain, prevent, and remove or abate nuisances dangerous to the public health.

5. To prevent the introduction of malignant, infectious, or contagious diseases, and to isolate persons affected or believed to be infected with such diseases.

6. To establish, locate, and manage hospitals for persons having contagious diseases.

7. To prevent the sale of any article for food or drink which is unwholesome.

8. To enforce these regulations by a sufficient penalty.

MR. WHITMAN said that the radical defect in the law defining the powers and duties of local boards of health is the lack of a general law forbidding evils and imposing penalties. Such a law should be enacted, and it should be as sweeping and as readily inforced as is the criminal law. He thought that the subject of sanitation should become one of education in the schools, so that the future citizen, architect, and physician may be established in principles of sanitation.

After a thorough discussion of this paper, participated in by PROF. A. B. PALMER, of the University of Michigan, and many others, it was voted that MR. WHITMAN be requested to draw a bill suitable for presentation to the legislature, framed to cover the question under

discussion, and suited to correct existing defects in the present law. The bill is to be published in the proceedings of this convention.

DR. A F. KINNE, in a paper on "Sources of Malaria in Ypsilanti," took the ground that malaria is caused by a malarial germ native in certain soils and waters. Boards of Health should require that the basements and sub-floor spaces be thoroughly ventilated; and no mill-dam owner who used water should be allowed to keep the pond much less than full.

DR. O. W. WIGHT, health officer of Detroit, spoke on the "Prevention of Communicable Diseases." He showed clearly the contagious nature of those diseases; the great and unnecessary loss of human life resulting therefrom; and how they were best restricted, citing cases from his own long experience in Milwaukee and in Detroit. The main points in an outbreak of a contagious disease are:

1. On the part of the householder and physician:
   (*a*) Speedy determination of the nature of the diseases;
   (*b*) Prompt notification to health officer;
   (*c*) Cheerful acquiescence in regulations of health officer.
2. On the part of the health department:
   (*a*) Immediate separation of sick from the well, as only those required to nurse should be allowed in the room; the sick room should be an upper chamber.
   (*b*) Strict quarantine of the premises, and placarding of premises; if small-pox, all exposed should be vaccinated in both arms.
   (*c*) Private funeral.
   (*d*) Thorough disinfection, after death or recovery, by chlorine gas or fumes of burning sulphur, of bedding, clothing, premises, etc.

DR. WIGHT thought that diphtheria and scarlet fever were sometimes spread by careless physicians—criminal carelessness. During four years in Detroit he had witnessed a large growth of public sentiment in favor of public health work.

DR. VICTOR C. VAUGHAN, of Ann Arbor, member of the State Board of Health, next spoke on "Water Supply." Sources of water-supply are three: cistern, surface, and subterranean. Cisterns should always be plastered outside and inside, with an excavation of at least two feet larger than the reservoir, so that a brick or stone wall may be built or plastered (as above). Cistern water when boiled and filtered is the best for use. DR. VAUGHAN cited cases in Ann Arbor and Adrian in which drain water percolated into cistern water, causing malignant typhoid fever. In the discussion of surface water, he said that we had in this country all the conditions for the development and spread of the cholera germ should it once reach our shores. Well-water is a suspicious water because of the ease with which contamination can be carried down through the sand and gravel into the well. Subterranean water is not necessarily pure. By carefully selected illustrations he showed that contamination would be carried through the soil an almost limitless distance by the percolation of water, the water acting as the carrying agent.

PROF. JAS. H. SHEPARD, of Ypsilanti, read a paper on "The Present Condition of the Water Supply of Ypsilanti." The city has been settled 60 to 70 years; it has no sewers, and the privy system is in use. The drinking water is obtained mostly from shallow wells. Ten careful analyses of well-water had been made, and in eight of them chlorine and albuminoid ammonia were found largely in excess of what pure water should contain. The water of a drive well, and that of the Huron river, which runs through the city, were comparatively pure.

A paper by PROF. C. F. R. BELLOWS, of Ypsilanti, on "The Future Water Supply of Ypsilanti," was next read. It was an able paper, but was of rather local interest, although the principle recommended may be quite generally adopted. The proposal is to have a general water-supply from one large well outside the city proper, in such a locality that the water-shed supplying the well shall not be liable to contamination by privies, etc.

The papers on water-supply called out a spirited discussion, led by DR. WIGHT, of Detroit, and PROF. PALMER, of the University.

DR. RUTH A. FRENCH, of Ypsilanti, read a paper on "The Management of Earth Closets." It is a practical way out of the "privy nuisance" for towns too small to have sewers and a general water-supply. Earth closets deodorize the excreta; destroy germs of contagious diseases; and are necessary to invalids.

ERWIN F. SMITH, of Lansing, spoke on the "Relations of Sewerage and Water-Supply to the Death-Rate in Cities." His general propositions were;

1. Some method of sewage disposal is a necessity of civilized life.

2. Dry earth closets, *properly cared for*, will answer for isolated dwellings and small villages, but water carriage is the only system adapted to large towns and cities.

3. The prevalence of typhoid fever and cholera is in an inverse ratio to the sewerage of a city.

4. The modern increase of diphtheria cannot be attributed to sewers.

5. The death-rate from all causes falls whenever a city is thoroughly sewered, and never attains its *ante-sewered* maximum.

6. Judged solely from the standpoint of pecuniary economy—the lowest of all standards

—sewerage and water-supply can be successfully defended against all opposition.

The statistics used in this paper are drawn from the highest authorities, American and foreign, are brought down to the close of the year 1884, and in many cases cover long periods —10 to 40 years. They show that typhoid fever has fallen off from one-half to nine-tenths in sewered cities since they adopted sewerage, and that such cities are practically secure from the ravages of cholera. *Per contra*, in non-sewered cities, the typhoid fever and the cholera mortality is as great to-day as it was thirty years ago.

DR. H. F. LYSTER, of Detroit, advocated the separate system of sewerage as best, and said it could be built in small cities for about $6,000 per mile. He spoke of the evil influence of soil infection by vaults and privies, and urged sewerage as a sanitary necessity.

At the close of the convention, arrangements were made for the organization of a local sanitary association, the local committee of the convention being a committee to complete this organization.

[REPORTED FOR THE MEDICAL AGE.]

CHICAGO MEDICAL SOCIETY.

Stated meeting, July 6, 1885.—The first vice-president, C. W. PURDY, M. D., in the chair.

DR. ROBERT TILLEY exhibited to the society microscopical specimens of the fungus, aspergillus glaucus, taken from the human ear, an osteoma developed from the crusta petrosa of a canine tooth, and filaments, or mycelia, from the body of a tonsil.

While exhibiting the specimens, DR. TILLEY spoke as follows:

In describing to you the three specimens which are exhibited under the microscope, I will refer in the first place to the fungus—aspergillus glaucus—taken from the human ear. I have had this in my possession for about three years, and have shown it to several of my acquaintances, but did not deem it of sufficient interest to exhibit it before. It is, however, an object which many have not seen before, although it is mentioned in every text-book on the subject. I have no intention whatever of entering into the question of the aspergilli in general, relative to their influence when found in the ear. But I must say that my experience relative to the question leads me to think that its influence as a source of pain in the external ear is greatly exaggerated in the books. This specimen was taken from the posterior wall of the meatus of a little girl who had for some time previously been afflicted with otorrhœa. The otorrhœa had, however, ceased, and the fungi were readily recognized in lusty growth, immediately on looking into the ear. There was, however, no pain complained of, the patient was brought rather for inspection than for the expectation of relief. You will observe that the fungi are growing on what, by simple inspection, might be called dried but otherwise normal wax. You will notice that the fungus consists of one straight long stem surmounted by a round bell, very much like the top of an onion which has run to seed. It is commonly said, I think rather on theory than on observation, that they are caused by sleeping in low, damp apartments. The child from whom this was taken belonged to people in good circumstances and was well taken care of, and was not living in damp quarters.

The next specimen, to which I will now refer, is the osteoma developed from the cementum or crusta petrosa of a canine tooth. I am very sorry that I cannot give you anything of the clinical history, because I believe it would be interesting, if known. In consequence of this, it is perhaps necessary that I should give a word of explanation as to how it came into my hands: A friend was speaking to me of some one who had been subjected to the operation of drilling through the fangs of six teeth on account of what was called "ossification of the nerve." In speaking to one of my acquaintances among the dentists about such a condition, I was presented with a tooth, a section of which I exhibit to you. You will see, both macroscopically as well as microscopically, that the line of demarcation is well defined. You will further see that the general appearance of the tumor is that of bone, and that it differs greatly from the general appearance of the tooth proper. It is interesting to observe, moreover, that the canal, through which the nerve and vessels enter, is greatly diminished in its course through the tumor, consequently, great pressure must have been exerted on the nerve. Before making the section, I had supposed that the canal was completely obliterated, so small is its opening at the end of the tumor. On looking at the specimen through the microscope, you will see very clearly that while the line of demarcation between the dentine and the proliferation of the crusta petrosa is well marked, and the lacunæ and the canaliculæ of the bony structure of the tumor well demonstrated: there is also a number of contorted tubules in the bony tumor which resemble, somewhat, the dental tubules. Haversian canals are, of course, not present; they never are in such growths.

Although I have no clinical history to present, I may add that the usual clinical history is one of severe pain, which nothing but extraction seems capable of relieving. The last specimen is one which I obtained from one of those little pockets which are often found in the tonsils. They seem to come and go, sometimes without giving any more inconvenience than a

little discomfort. They are frequently associated with fœtid breath, and in some cases the masses themselves are very offensive (in odor). In the present case, however, this was not so; there was no fœtor. There was, however, an unpleasant sensation, amounting to a positive discomfort, running down the neck externally, in the direction of the sterno-cleido-mastoid (muscle). On pressure around the base, the little mass popped out, suddenly, so that it came near going down the patient's throat. In examining it, under the microscope, it proved to be one mass of filaments, very fine and containing spores in the body of the filaments, and associated with them fat crystals.

I succeeded in staining them with methyl violet, but only after first extracting the fat with ether.

I have no theory to present, gentlemen, I simply exhibit to you what has been interesting to me. After the removal of the small mass I did not think any treatment was necessary, but as there was a little bridge of tissue more or less dividing the cavity into two sections, I divided the bridge with the electro-cautery.

"The Treatment of Acute Coryza," was the subject of a paper by DR. J. A. ROBINSON. He said the literature on the subject of acute coryza is scanty and of a stereotyped nature. The profession seems to have arrived at two conclusions, first, that it is not a disease of sufficient severity and importance to command especial attention; second, that no plan of abortive or curative treatment has been sufficiently successful to cause them to investigate the subject further. However, in view of the fact that repeated attacks of acute coryza undoubtedly have a causal relation to pathological changes in the nares which it is difficult to remove, and that we are so frequently consulted by public speakers and singers who beseech us to abort or rapidly cure such acute attacks, it certainly deserves more than a passing notice.

The time-honored plan of aborting an acute coryza by the administration of a full dose of opium, an active purge and a potent diaphoretic, has proven more disagreeable than efficacious. The plan, advocated by DR. FERRIER, of blowing into the anterior nares a powder composed of morphine, bismuth and acacia, has been quite satisfactory in a few instances, but it is not free from the objection that, when successful, it often produces an unpleasant nausea. Its success is undoubtedly due to the sedative and astringent effect upon the inflamed mucous membrane.

What are the pathological conditions in the first stage of acute coryza? Briefly, there is dilatation of the capillary vessels, the arterioles being dilated and the venules engorged, inducing tumefaction of the mucous membrane. This is accompanied by dryness and pain. Secretion is abolished. In reflecting upon these circumstances the thought naturally arises, whether, if we can employ such measures or drugs as will antagonize these abnormal states, we will succeed in aborting the disease. We have recently had added to our armamentarium a drug which more completely antagonizes in its physiological action these pathological conditions than any other. It is the hydrochlorate of cocaine.

Its physiological actions have been demonstrated to be concisely as follows: when applied to a mucous membrane it is a potent although transient anæsthetic, a vaso-motor constrictor causing contraction of the arterioles and depletion of the venules, thus rapidly emptying congested tissues of a surplus of blood. This drug is also an astringent and has the property of lessening the secretion of muciparous glands. On studying the relation between the state of the nasal mucous membrane in the first stage of acute inflammation and after an application of cocaine, the theory was formulated that cocaine should prove useful in aborting acute coryza, and it was determined to try it on the first opportunity.

The details of the first experiment are as follows:

MISS S———, a soprano singer in one of our city churches, applied to me on the morning of February 22d, and desired immediate relief from a "cold in the head." She complained that the previous night she had been exposed to a draft and awoke that morning with the cold, as evinced by the fact that she could not breathe through the nose, and that her nose felt dry and painful, and she had lost the sense of smell. Inasmuch as she had to sing that night at a special service, she must have immediate relief.

Upon examination I found all the conditions incident to the incipiency of an acute coryza. Her temperature was 102° F. with some acceleration of the pulse.

Febrifuges and a mild diaphoretic were prescribed. A local application of a four-per-cent. solution of hydrochlorate of cocaine was applied, as thoroughly as possible, to the congested mucous membrane, and the parts were sprayed, also, for some time with a warm alkaline spray, hoping thereby to reduce the hyperæmia. After having made another application of the cocaine, the patient was instructed to return home and follow the same line of treatment and to return the following day. She did not return until three days later, when she reported, to my surprise and gratification, that she had been able to sing as desired, and that no symptom of the disease had returned.

The success which attended this new departure, induced me to try it in other cases of acute coryza which were seen early, and it has almost

always been successful. Of course, the number of cases which we see in their forming stage are few, on account of the fact that the patients do not seek medical advice for this affection until the disease is well advanced.

In the use of cocaine for the purpose of aborting an acute coryza, there are some objections: it has to be applied often in order to maintain its action on the inflamed mucous membrane, and it is an expensive drug. I have found that the use of a warm alkaline spray serves to prolong the sedative action of cocaine.

Of course dependence is not to be placed on local measures alone, but in addition proper attention is to be given to constitutional and hygienic treatment.

DR. TILLEY said he had used the hydrochlorate of cocaine in two or three cases of acute coryza with much satisfaction. According to one patient, an attack had ended with a single application. While he did not look upon cocaine as a sure cure for acute coryza, he thought it always did good. He referred to a serious accident which occurred to one of his patients during the use of cocaine. The patient was a boy, aged twelve years, in whose nose a little cocaine had been used. After the first application he suffered a little nausea, which was not regarded as serious. After the second application the nausea was worse, but it was not until a third application had been made that the symptoms became alarming. These symptoms were difficulty of breathing, syncope, irregular action of the heart, cold perspiration, and loss of sensation in the extremities. Notwithstanding these symptoms were alarming, the boy recovered quite rapidly. He had noticed reports of cases in the journals where the same symptoms had appeared.

DR. WELLER said that he had had a good deal of experience in the use of coca, especially in the form of the fluid extract. He had taken large doses; in his own case he had used two pounds in a short time. Formerly he had considered it as harmless as tea, but latterly he had arrived at the conclusion that it is a powerful narcotic. The strange phenomena which follow the use of cocaine in some cases, he believes to be due to the narcotic action of the drug, and that they would not appear if the drug was not given in large doses. He believed some patients to be peculiarly susceptible to the action of coca or cocaine, similar to the idiosyncrasies of patients in the use of belladonna, opium and alcohol. In the case mentioned, he believed the symptoms to have been the result of an over-dose of cocaine. In his experience, he had found a two per-cent. solution of cocaine strong enough, and urged the tentative use of the drug in the same manner as in the use of morphine.

DR. WEBSTER did not wish to be considered skeptical, but he had some doubt as to the alarming symptoms in the cases mentioned having been due to the drug. Is it not possible they were the result of reflex processes in over-sensitive patients? He had a patient recently who vomited after holding a fever thermometer under her tongue.

DR. PAOLI believed that the old treatment of acute coryza, by giving the patient a hot bath, muriate of ammonia internally, and inhalations of camphor in hot water, or the oil of eucalyptus, combined with borax, to be the best, although he would acknowledge that cocaine would often relieve severe attacks in a short time.

DR. S. J. JONES asked the author of the paper if he had used cocaine with a steam atomizer in acute pharyngitis, tonsilitis, and laryngitis; also, if the applications of cocaine to different patients were from the same solutions and at brief intervals, so as to be able to state how a reliable solution acted on different patients?

DR. ROBINSON, in closing the discussion, said he did not advocate the plan of treatment as infallible or free from objection, nor did he neglect to use other means of cure if he thought they were advisable. As to the effect of cocaine on certain patients, he had a similar experience to DR. TILLEY, in the case of a woman who had twice been operated on without cocaine for nasal polyps. No unfavorable symptoms occurred during these operations. At the third and fourth operations cocaine was used, and the patient was troubled with nausea, vomiting, palpitation of the heart and syncope. As no cocaine had been used in the first two operations, these symptoms in the third and fourth operations seemed to be, undoubtedly, due to an idiosyncrasy of the patient. He had not used cocaine with the steam atomizer, but he thought it feasible, if the drug were not so expensive. He prepares fresh solutions for each patient, so as to preclude all possibility of failure of action by reason of deterioration of the solution by age. He had found the same package of cocaine to vary in its local and constitutional effect on different patients, affecting some more rapidly and profoundly than others.

Society then adjourned.

The following good joke is at the expense of a Chicago doctor. He was about to anæsthetize a patient when, in answer to a question, he informed the victim that he would be entirely unconscious and know nothing until the offending growth had been removed. The patient accordingly commenced to fish his loose change out of his pocket. "Oh, you need not mind the fee until I am through," remarked the considerate doctor. "I don't intend to pay you yet," returned the patient, "I wish merely to count my money, to see how much I have." The doctor saw the point and was much amused.

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Editorial.

THE VARIOUS BRANDS OF COCAINE MURIATE IN THE MARKET.

In view of the variations in the effects of the muriate of cocaine which are from time to time reported, our readers will, doubtless, find the following notes by DR. A. B. LYONS, interesting as well as profitable:

1 Product of PARKE, DAVIS & CO.—A bulky, white, crystalline powder. Under the microscope it is seen to be made up of distinct crystals, the facets of which are visible also to the naked eye. It is either perfectly white, or with a faint grayish or creamy tint. It is wholly odorless, and has a saline, faintly bitter taste. It is not at all hygroscopic (*i. e.*, does not absorb moisture on exposure to a damp atmosphere), is very readily and wholly soluble in water, producing a colorless solution which is neutral to test paper.

It contains 89 per cent. of alkaloid which can be removed by washing out of the alkaline solution with ether, and which, on evaporation of the ether, all crystallizes, leaving no gummy substance as the last portions of the solution evaporate. The alkaloid is also free from odor.

2. Product of MERCK.—A more or less crystalline powder, of a distinct cream color, in all the samples I have seen, not always wholly free from odor, and, at least in some instances, producing a solution in water which is opalescent. Otherwise agreeing with No. 1.

3. Product of W. H. SCHIEFFELIN.—Somewhat crystalline powder, of a brownish tint, having a faint tobacco-like odor, characteristic of the crude alkaloid from coca leaves. The solution in water is rather strongly tinted, and has a much more bitter taste than that of pure cocaine muriate. Organoleptic properties otherwise those of a pure product.

The alkaloid obtained from it nearly all assumes the crystalline form, and the quantity is very near that which theory would require. Ether does not, however, take it up so rapidly as it does the crystallizable alkaloid.

4. From LEHN & FINK, who are not manufacturers. Probably of German manufacture. Resembles the last, but is nearly white and has only a very faint odor.

5. Product of E. R. SQUIBB.—A yellowish-white powder, amorphous, somewhat hygroscopic, having a strong tobacco-like odor and flavor. Dissolves in water to a clear and nearly colorless solution, but not perfectly soluble in absolute alcohol. On submitting the sample to a process of crystallization, about 85 per cent. was obtained in the form of yellowish-white crystals nearly free from odor, while the residue on evaporation formed a soft substance, partially fusing at a water-bath heat, very hygroscopic, and having the disagreeable odor already spoken of in a very high degree.

The manufacturer of this product, who has published in detail the processes he employs, holds peculiar views in regard to color as an evidence of purity in alkaloidal salts. "The dazzling whiteness of some salts of the alkaloids," he says, "such as those of morphine and quinine, is very beautiful, but desirable only from an æsthetic point of view, since it adds nothing to the effects of the salts. Indeed, the processes by which it is attained are often, if not always, damaging to the alkaloids."—(*Ephemeris*, Jan. 12, 1885).

That one having his large experience as a manufacturing chemist should make such a statement is matter of surprise to us. We are often told by old housewives that "there is no strength in the highly refined white sugars we get now-a-days." The chemist does not enter into any argument on the subject, but his faith in the sweetening power of white crystallized sucrose is not a whit disturbed, and he still uses in his—lemonade—"best granulated," rather than even "A. coffee," and philosophizes to himself on the power of superstitious notions, the genesis and evolution of which he is interested to study as a curious psychological phenomenon. But to find the superstition of the ignorant housewife lurking in the laboratory of the practical chemist, gives his philosophizing an introspective turn. "Are we, too, of the common clay?"

In fact, one needs very little experience in the manufacture of alkaloidal salts to learn that "dazzling whiteness" is, almost of necessity, evidence of careful and skillful manipulation, and that the processes by which it is attained, while they may reduce the quantity of the yield, and so prove damaging to the profits of the operator, are not often, if ever, "damaging to the alkaloids."

The manufacturer has himself explained the various steps of the process by which this product is made, and these certainly do not include any efficient method of separating impurities. The solution of crude muriate is treated with animal charcoal, by which it is deprived of

coloring matters, and possibly of certain other impurities. Aside from this, the only means adopted for separating hygrine and other impurities is a process of fractional saturation, the portion of alkaloid first taken up by a small quantity of acid being assumed to contain the impurities. The result is what might be expected.

The obvious expedient of crystallizing the product would solve the problem in a much more satisfactory manner, and is, indeed, the only ready way of separating mixtures of organic principles, like the crude products obtained in the treatment of coca leaves.

6. Product of McKesson & Robbins.—An amorphous powder, less bulky than No. 5, but resembling it closely in odor and color—a few shades darker, however. Impurity is shown by color, by odor, and by the fact that the alkaloid separated is only partially crystallizable, and the salt itself, on submitting it to a process of crystallization leaves a soft, hygroscopic residue.

All of these samples consist wholly of *crude* cocaine muriate. The impurities are like those of muscovado sugar—consisting probably of derivative or altered alkaloids, which may be identical in physiological and in therapeutic action with the original cocaine. The fact, however, that physicians have found solutions of the amorphous salt to produce abscesses when injected into the cellular tissue, while solutions of the crystallized salt did not produce this disagreeable effect, proves that there are impurities present in the former which do not coincide in their action with the cocaine salt, and which ought by all means to be eliminated.

7. Product of Glover & Nichol.—An amorphous, fawn-colored powder, having an alkaline reaction, free from odor, the taste resembling that of sodium carbonate. Readily soluble in water, forming a colored solution, which produced nothing of the physiological effects of cocaine. On adding an acid to the solution brisk effervescence was produced, carbonic acid being evolved. Qualitative tests showed the presence, besides carbonates, of sulphates, chlorides and borates. The salt consisted almost wholly of inorganic matter, chiefly carbonate of sodium, and contained hardly a trace of alkaloid. For five grains of this worthless material I paid $1.50. I am not sure that the transaction, however, was a profitable one for Messrs. G. & N. It has at least insured the firm a good deal of free advertising.

THE DEATH OF GENERAL GRANT.

At 8:08 A. M. on the 23d inst., the telegraph flashed the intelligence throughout the world "General Grant is Dead." He had succumbed to the foe with which neither genius, force of character nor iron will has ever been able to cope. It is not for us to pronounce a panegyric on this greatest military genius since Napoleon, who died at St. Helena from the same disease, nor to extol the virtues of this greatest product of the American people. He lived long enough to silence all the calumnies of all the enemies which men of his pronounced individuality always arouse, and in the great sorrow for his death there will not be found one who will breathe the slightest suspicion against the integrity of his character. No name will ever occupy a higher place in the history of this people or be more firmly fixed in its affections, than that of Ulysses S. Grant.

The position which he occupied in the affections of his fellow citizens and in the eyes of the world attracted unusual attention to the affection of which he died. When, shortly after the diagnosis had been published, he began to improve so rapidly, the hope that his medical attendants had erred became almost a belief in the minds of even many physicians, while the secular press, with its characteristic assumption of all knowledge sought to utilize the case as an illustration of the ignorance of the profession. Had General Grant not been the man he was, he would probably have heeded popular clamor and placed himself in the hands of empiricists. His death would in that case have, probably, been more speedy while he would not have enjoyed the euthanasia which it was in the power of scientific medicine to afford. Great in the vigor of his manhood, and placid and self-contained in the midst of misfortunes which would have shipwrecked the ordinary man, his heroic patience and imperturbable good sense in the face of the unconquerable foe will live side by side with the more showy qualities which lifted him so high above his fellow men.

Notes.

We take this opportunity to thank the secretaries of the numerous medical colleges who have favored us with copies of their annual announcements, and to convey our regrets that we are unable to devote to their notice that space which the exceedingly ornate productions with their well-rounded phraseology and exquisite typography would seem to demand. The architects of many of these announcements display an imaginativeness which would, we believe, yield more profitable returns in almost any other field of fiction. It is true some of them display a remarkable predilection for old forms, and thus do compliment their predeces-

sors, but their productions, taken by themselves, are, nevertheless, admirably adapted to the whiling away of a leisure hour. The beautiful pen-pictures of the cities which are honored with the presence of these distinguished institutions of learning, their importance as commercial centers, the great enterprize of their male citizens, and the beauty and virtue of their females, are all admirably calculated to attract the young man who aims to be an enterprising and virtuous doctor. The announcements also devote a modest amount of space to the superior qualifications of the respective professors of the colleges announced, their great skill in their several departments, and the facilities which present for the display of this skill. Men, who as ordinary practitioners are not much different from the rest of us, are, through some favor of fortune and a few of the necessary dollars, elevated to college connection and presto! they become the distinguished professors, whose lips drop wisdom, and at whose feet it is an honor for the coming doctor to kneel! It must puzzle the young man who receives these announcements to decide which school he will attend—they are all so superlatively excellent in their appointments. We grieve to think of the shock of his awakening from the sweet dreams into which the reading of this literature is calculated to lull him.

The action of the new committee on the International Medical Congress, at its Chicago meeting, has not conduced to professional harmony. As stated in our last, the physicians of Philadelphia, who were appointed by it to positions in connection with the various sections of the Congress, have formally declined the honors. And now come reports from Boston, Baltimore and Washington, of meetings of such members of the profession in those cities as were similarly appointed. At these meetings resolutions of similar import to those adopted at the Philadelphia meeting were unanimously adopted. At the rate at which these declensions are coming in, it will be necessary for the committee soon to call another meeting to fill in the gaps. It would be well, perhaps, for it to secure previous pledges from appointees that they will accept the proffered honors. Perhaps it would have been just as well, in the interests of the Congress, had the New Orleans meeting left well enough alone. Unless the *status quo* of the committee and its appointees before the New Orleans meeting be restored, the prospects of the Congress must be very gloomy. And its restoration is, of course, out of the question, for it behooves the American Medical Association to be consistent above all things, and, besides, it will be difficult to make it understand that its treatment of the original committee and of the American Medical Profession, has been anything but eminently fair, honorable, and courteous. Many men of many minds.

The following graphic description was recently submitted to a writer in the Columbus Medical Journal, as a basis for a diagnosis:

"My mis'ry, doctor, wuks right up from bofe my legs, an' up through my stummick, and den crosst my bowels, all a shaky an' a wigwaggy! Den my right shoulder, doctor. *Law sakes!!!* Dat yer mis'ry in my right shoulder powerful bad sometimes. Den I has shootin' pains all up an' down my spine; dreadful! an' lumps in my flanks, an' a burnin' all over my right side, an' a *roarin'!* yes, honey, an' awful roarin' in my head, an' de bones all loose in my head. Den I has pains in bofe shoulders, an' my insides dey workin' jes' like maggots!! an' I has a draggin' in my stummick, an' my sistum very bad. Ef you b'lieve me, doctor, dar's a patch of mis'ry in de small o' my back, an' when I stan' up 'pears like my insides dey stickin' to my spine! an' a wallowin' in my head, an' I don't got no appetite, an' 'pears like every minute I gwine throw up my insides. I can't drink no fresh water; drinks all my water *biled!* In de night you can hear my head a roarin' an' a buzzin', and den my bowels gets to workin', an' you can hear 'em a crackin' an' a blabbin', and dey all a shakin' an' a trimblin'. Den I has a hotness in de bone o' my neck; yes, doctor, right in de bone o' my neck, an' at fuss a *pang* riz up right acrost my neck, an' riz an' *bust!!* I knowed it wa'n't a blood-vessel else I died *sure*."

The doctor neglects to favor us with either his etiology, diagnosis, prognosis or treatment of this remarkable case.

Our contemporary, the N. Y. Medical Journal, has, evidently, ceased to love the American Medical Association. It intimates that it is largely made up of the rump of the American medical profession, and is dominated by "men in no way representative of the profession, who masquerade as its leaders, through the medium of that degenerate and utterly ridiculous concern, the American Medical Association. That organization long ago ceased to work for the benefit of the profession, and for a number of years past its annual meetings have been little more than scenes of the most shameless intrigue and demagogism. . . . . It has made itself as odious as any board of aldermen in the land, but, unfortunately, it is so intrenched in jugglery that to draw its fangs is almost as unpromising a task as that of uprooting municipal misgovernment." The immediate cause of this uncomplimentary utterance was the action of the Association in selecting the officers of the coming International Medical Congress.

DR. JACQUES, of Montreal, was charged before the recorder of that city, on the 18th inst., with not reporting a case of small-pox which had been under his professional care. He pleaded guilty, but contended that his knowledge of his patient's condition was a professional secret, which he was not only not bound to reveal, but which he was bound to keep after having been requested to do so by those most directly interested. The recorder took the case under advisement. If DR. JACQUES' position shall prove correct there will be found no end of doctors who will avail themselves of it to secure for their patients that immunity from publicity which the argus-eyed, zealous, and conscientious health officer, so devoted to the interests of the people, now makes it impossible for them to secure. If it shall transpire that the "professional privilege" extends as far as DR. JACQUES claims it should, they will hail with pleasure the opportunity to get even.

A patient becoming much alarmed at his condition, requested a consultation of doctors on his case, and at the same time sent for his spiritual adviser. The clergyman and the physicians arrived simultaneously, and the question arose as to who should first confer with the sick man. The doctors deferred to the man of holy orders, who, on entering the the chamber, commenced at once to talk with the patient of the hereafter, to which, it was feared, he was hastening. "Please sir," said the sick man, "wait till the doctors have seen me. Perhaps they may conclude that I am not quite ready for you yet."

An American and an Englishman were once engaged in a heated discussion as to the relative size and importance of the Thames and the Mississippi rivers. The American finally settled the dispute by declaring that "there ain't water enough in the Thames to make a gargle for the mouth of the Mississippi."

Medical Progress.

HOW TO PREVENT SEPTICEMIA IN CASES OF MORBIDLY ADHERENT PLACENTA.—DR. KEITH NORMAN MACDONALD: With the exception of *post partum* hemorrhage, adherent placenta is one of the most troublesome after-consequences of the lying-in state. It is, moreover, much dreaded by many practitioners, owing to the probability of septic matter finding its way into the circulation; but that an ordinary case need not give rise to any extraordinary alarm, the following history well illustrates.

Mrs. S., aged 38, six years married, and mother of one child, five years having elapsed since her last confinement, which was a forceps case with partial placental adhesion, was taken in labor at midnight of December 29th, 1884. The pains were moderate and regular, and I was sent for at 7 o'clock the following morning. The case was apparently natural; the second stage was rather prolonged, owing to the head resting for more than an hour on the perinæum, but was completed at nine o'clock, two hours after my arrival at the house, there being nothing unusual about it, except that the child, a female, appeared feeble, and the cord was unusually small.

During twenty minutes she retched several times, though firm compression was applied externally; she said that she had done so during the entire period of her pregnancy, and also had a "pain in her side." After this interval, I tried to remove the placenta, but found that it was adherent to the fundus of the uterus, and, as far as I could make out, all round. After a further delay of half an hour, I re-introduced my right hand, carbolized, made firm traction on the cord, and tried to peel it off, but it was of no use. The contractions of the uterus prevented my getting hold of the edge of the placenta, and, as I could remove nothing but clots of blood, I dug my fingers into its substance, and removed two small pieces, as much as I could do with safety, certainly not more than one-third of it; and after repeated attempts at extraction, I determined, very unwillingly, to let the case alone for a time, and to renew my attempts under chloroform if necessary, leaving the cord attached for future guidance. Before leaving, I applied a firm binder with pad, gave her some whiskey and ergot, and left her, for a time, none the worse for her rough handling.

Feeling that it would be very unsatisfactory to leave her in this condition, I resolved, after a few hours' further rest, to remove the coagula of blood that had collected in the uterus, if I could do nothing more; and accordingly, at 7 p. m. the same evening, with the assistance of my friend DR. WHITELAW, she was put under the influence of chloroform, when I again introduced my hand, carbolized, into the uterus, and removed a quantity of clots, but could make no impression upon the still firmly-adherent placenta. I did, therefore, consider further interference unjustifiable; therefore, after removing other two small pieces of the placenta, with the cord, I bound her well up, gave an opiate, ergot, and brandy, and left her for the night, after syringing the uterus and vagina well with a weak solution of CONDY'S fluid.

December 30th. She passed a fairly good night, retched once, and expelled a small coagulum of blood. The lochia were normal; the secretion of milk was established; pulse 94, and weak; temperature 99° Fahr. There was no tenderness over tne abdomen, which felt fuller than usual. A solution of carbolic acid (1 in 40) was now substituted for the CONDY'S fluid, and five grains of quinine were ordered every four hours. This was a very important step in the treatment, as will afterwards be seen; and I have no doubt whatever that the early use of an antiseptic lotion, and the free administration of such a powerful febrifuge as quinine, prevented the propagation of septic germs in the system.

On the morning of the 31st, after passing another good night, and nursing her baby in the meantime, she had a severe rigor at 10 a. m., when the pulse rose to 130, and the tempera-

ture to 105° Fahr. This was, in all probability, the beginning of blood-poisoning; but the assiduous application of the lotion and the continued administration of quinine evidently rendered the septic agent abortive, as all the symptoms subsided towards evening, and no tenderness on pressure over the abdomen was felt; and, as far as her feelings were concerned, she felt fairly well, though the secretion of milk was considerably diminished in quantity.

On the morning of January 1st, 1885, she had another rigor at 9 a. m.; and the pulse again rose to 130, and the temperature to 104° Fahr. The milk was almost suppressed. After this, the child was not again put to the breast. The lochia were slightly offensive, but normal in quantity. The rigor began to subside towards midday; but the pulse and temperature continued high, but without any increase in the evening. Still there was no abdominal tenderness.

On the morning of January 2d, the lochia seemed more offensive. A small portion, about three fingers' breadth, of the placenta had come away. There were more rigors. Pulse still 120; temperature 103°. She said that she felt much better, and wondered at my close attention to her.

On the 3d, the pulse came down to 96, and the temperature to 100°; the lochia were slightly increased, but there were no more portions of placenta. However, on the morning of the 4th, another piece, much the same as the last, came away, and from that date she continued steadily to improve without a bad symptom. The lochia continued a little longer than usual, but, in other respects, presented no features calling for remark. To err on the side of safety, she was kept in bed for eighteen days, after which she immediately resumed her household duties.

The most noteworthy point in the above case was the early stage at which the quinine was administered. Had I waited until there was a considerable rise of temperature with abdominal symptoms, I should probably have been too late. As it is well known that this important remedy possesses the power of destroying minute organisms outside the body, it is but a reasonable inference that it should also destroy, at all events, certain micro-organisms forming, or about to form, within the body. It was with this latter intention that I resorted to it at such an early stage, and the result shows that I was justified in doing so. The removal of the clots ten hours after the confinement I also consider an important item, perhaps the most important of all; for, if they had not been cast off, septic matter could scarcely have failed to enter the system.

I cannot account for the remainder of the placenta. Probably it did soften and come away with the lochia; but, if so, it was in a very unostentatious manner, as I am at a loss to understand how it gave so little trouble.—*Brit. Med. Jour.*, April 18, 1885.

COLD COMPRESSES AND CALOMEL IN CHOLERA.—DR. JNO. WARD, in a letter to the London Lancet, after detailing Niemeyer's method of treating cholera, suggests the propriety of a more extensive trial of the application of cold as a valuable means of cutting short this disease. He writes as follows, viz.:

Perhaps the chief pathognomonic symptom of cholera Asiatica is the thickening of the blood, owing to the excessive loss of its aqueous parts, evidenced by its effects on the various organs of the body. All your readers are aware of the intimate connection between the skin and the intestinal tract, and treatment directed to the former for the relief of the latter has long been essayed.

NIEMEYER, in his "Text Book of Practical Medicine," revised edition, translated by HUMPHREYS and HACKLEY (H. K. LEWIS, 1874) says, with reference to the disease in question: "The symptomatic treatment, which in the first epidemics consisted in attempts to elevate the fallen temperature by vapor baths, and by having the patient drink hot teas during the algid stage, but not allowing them a drop of cold water, and in attempting to draw blood from all cases of cholera asphyxia, was certainly incorrect. Depression of the temperature of the body is a late occurrence in the series of symptoms induced by the cholera infection; warm tea, which is more readily vomited than any other drink, is not nearly so well borne as small quantities of cold water; venesection cannot raise the depressed action of the heart, on which the venous congestion depends. The symptomatic treatment of cholera requires, first of all, attention to the intestinal disease, the arrest of the acute catarrh and acute transudation of serum from the intestinal capillaries, the source of all the other syptoms and of the danger. The second symptomatic indication is, to replace the water lost from the blood. If we succeeded in making a cholera patient sweat while the transudation into the intestines continued, we should injure him by the increased abstraction of water. Lastly, the third indication, which we must bear in mind from the first, is to combat the threatening paralysis of the heart." After speaking of the value of opium, he proceeds: "If, on the other hand, in spite of the repeated doses of opium, the diarrhœa continues and goes worse, if the patient collapses visibly, if his skin grows cool and the dejections lose their color, I regard the continuation of opium as contraindicated; while, in such cases, I have had the best results from cold compresses frequently applied to the abdomen, and from the administration of calomel (a grain every hour). In regard to the speedy, favorable effect of this treatment, especially of the application of cold compresses to the abdomen, on most patients, in regard to its favorable influence on the entire disease, and the principles which induced me to employ it, I refer to my *brochure*, 'Die Symptomatische Behandlung der Cholera' (Magdeburg, 1848), and would only mention that, in 1854, when Pfeuffer was commissioned to instruct the Bavarian physicians in the treatment of cholera, he recommended my method as being the most successful, according to his experience. . . . The second indication, to replace the loss of water from the blood by supplying water, is best attained by giving the patient small portions of ice-water, or small pieces of ice to swallow at short intervals."

My attention had not been specially drawn to the above remarks of PROFESSOR NIEMEYER, nor was I aware of his views, when it occurred to me that we possess in the application of cold—as in the refrigerating chamber—a very powerful therapeutical agent, the operation of

which appears to be well deserving of extended trial in the treatment of cholera. "External cold diminishes and heat increases the metabolic activity of the cold-blooded animals; but in warm-blooded animals, within certain limits, cold increases and heat diminishes the bodily metabolism, as shown by the increased or diminished consumption of oxygen and production of carbonic acid as the temperature falls or rises." (PROFESSER LATHAM on the Action of Salicylic Acid on Rheumatism. The Lancet, June 27th, 1885.) We can readily conceive ths powerful effect on the system of the application of external cold through the medium of the vaso-motor and general nervous systems. Of this, too, we are certain, that heat, an elevated general temperature of the atmosphere, is a powerful factor of an adverse nature in cholera and many other diseases, especially when it is combined with miasma; and we know that cholera epidemics usually decrease in virulence with a decided fall in the temperature, and disappear in cold weather or in polar latitudes. May we not, then, reasonably infer that in the application of cold we have a powerful agent, whose assistance has indeed already been beneficially sought and obtained to a greater or lesser extent in the treatment of cholera, and which invites our further inquiry and attention?

In the practical application of this therapeutic agent, should its further trial warrant its extended use in general practice, and especially so as to meet the emergencies of a cholera epidemic should it unfortunately occur, some difficulty may be experienced. Already, however, the practical application of science in the processes of refrigeration for the preservation and transportation of our animal food supplies from abroad—"dead meat"—and the various known and applied processes for the manufacture of ice, may permit of the construction of refrigerating chambers, in suitable places, for the immediate reception and treatment of cases of cholera; whilst the adaptation of the same to portable apparatus, for use in rural districts, would very probably follow as a matter of course.

The immediate difficulty appears to be in the testing of the suggestion for treatment herewith broached; but where the supply of ice is plentiful, as we may presume it is in our large towns, and as it certainly is in large American cities and elsewhere, some modification of the refrigerating chamber may be extemporised, and, when occasion but too sadly requires, the fuller influence of the general rather than the topical application of a therapeutic agent of great power may be practically put to the test.

SUBSTITUTES FOR COCAINE.—In a late number of the London Lancet, DR. PROSSER JAMES states the results of his investigation of this subject as follows:

In a letter to the Lancet last November, I mentioned that I had experimented with other alkaloids as substitutes for cocaine, or, as it may preferably be called, following SIR ROBT. CHRISTISON, cucaine. It was natural at once to turn to caffeine as the most promising substance. This alkaloid, however, is difficult to manage. It is very insoluble, and very refractory to many reagents. I boiled specimen after specimen in hydrochloric acid without obtaining a combination. On evaporating, the well-washed crystals appeared unchanged, and yielded no reaction to the tests for a chloride. The ordinary citrate of caffeine in the market is not a true salt, but an indefinite mixture, and, of course, therefore, ill-adapted for the proposed experiments. Acetate of caffeine seems to be more readily formed, but is unstable, the volatile acid being soon dissipated. I therefore proceeded to make double salts, with soda as the additional base, and found myself in possession of some very manageable preparations. Accidentally I first made salicylate of caffeine and soda, and found it possess in some degree the property sought. Though not very soluble in cold water, it is at once taken up on applying heat, and the solution remains clear on cooling. A solution of 1 of the sodio-salicylate in 2 of water may thus be obtained, which will contain 62¾ per cent. of the alkaloid. Sodio-cinnamate gives the same results. Sodio-benzoate gives a similar solution, but is rather weaker of alkaloid, containing only 50 per cent.

I have chiefly used the salicylate and benzoate salts. They are of considerable value, and in some cases may replace the much more costly cucaine. Applied locally to mucous membranes, these solutions deaden sensation, diminish pain, blunt the perception of tactile, thermal, and dolorous impressions; but they have not at present given me so powerful and rapid anæsthetic influence as cucaine. I have, however, employed them largely in the pharynx and larynx; I have also resorted to them over twenty times in operating for nasal polypi. In some of these they have been quite successful, but in others less satisfactoy, possibly from imperfect application.

The following experiments may interest:—On Dec. 26h, 1884, a medical man with a very sensitive urethra, the passage of a sound always giving much pain, agreed to try a solution suggested to him, containing 25 per cent. of sodio-salicylate. He reported that it entirely prevented the instrument from hurting him.

A stable solution is well adapted for hypodermic use. To determine the effect I tried this method on myself. On Dec. 8th, at 9:30 a. m., the pulse being 80, and the temperature (sublingual) 98.6°, I injected four minims of a saturated solution, not deeply, but near the skin, to observe the local effect. It caused some pain, and a large lump soon appeared, such as is often seen, three-quarters of an inch by an inch and an eighth. At 10:15 a. m. the pulse was 90 and the temperature 98.8°, with a good deal of darting pain. The swelling pitted on pressure, but was insensitive. At 10:30 a. m. the pulse was 99 and the temperature 99.4°; locally the same; some uneasiness at præcordia. At 11 a. m. the same, but locally more sensitive. At 11:30 a. m. the same, but the uneasiness at the præcordia had increased gradually. It was troublesome up to 12:30 p. m., when the local pain had nearly ceased, and the swelling had diminished to half its thickness; temperature 99.2°. By 2 p. m. the swelling had diminished to one-quarter of its size. At 11 p. m. the induration and pitting were still marked; no other symptom. Temperature 99.2°. The next morning there was only a slight mark; pulse

80; temperature 98°. No doubt this solution was rather too strong for hypodermic use.

In the eye the sodio-salicylate, except in weak solutions, causes irritation and even pain. Those who have the opportunity will perhaps try weak solutions, with a view to determine its effect.

OLEATE OF MANGANESE.—Since manganese first received notice in this country as a menstrual stimulant, and as a remedy in functional amenorrhœa, menorrhagia, and metrorrhagia, it has been a formidable problem to the minds of therapeutists and pharmacists to get it into an acceptable shape for administration. The permanganate of potash, the original preparation used for experiments and administration in any form, is liable to act as an irritant to the stomach, and is very objectionable to many on that account. It has in many ingenious ways been made into pills, but as these pills must of necessity have for their basis kaolin, or some other inorganic substance, the drug is not satisfactorily observed. The compressed tablets of Wyeth & Brothers and others are objectionable in many cases of irritable stomach, because of the irritating undiluted drug coming in direct contact with its mucous membrane. The binoxide of manganese has, on account of its insolubility, proved to be almost inert. On account of the many difficulties of administration, therefore, this valuable drug has not met with the warm reception that is its due. Through a suggestion of DR. MCARTHUR, I have succeeded in having an oleate of manganese prepared.

Method of Application.—Of a 20 per-cent. solution of the oleate, I should recommend that one drachm be applied to the abdomen of the patient, and its absorption promoted by friction, produced by vigorous rubbing of the surface with the palm of the hand or with the fingers. The rubbing should be continued until the oil has entirely disappeared by absorption.

In cases where it is found impracticable to apply it to the abdomen on account of tenderness, it may be applied to the spine or the inner surfaces of the thighs.

In cases of amenorrhœa, it should be applied, if possible, every night for a week preceding the expected menstrual period, or at the time the menstruation is due, and until it makes its appearance. In cases of menorrhagia or metrorrhagia it can be applied in smaller quantities every night until the desired effect is produced.

I am very anxious to see the profession give this preparation a good trial, because if there is any great value in this drug, it can only become popular as a remedy in some such unobjectionable form.

The oleate was prepared as follows: A solution of sulphate of manganese was made in distilled water, and to it a solution of sodium oleate was added. On mixing these two solutions gradually and with constant stirring, a precipitate of oleate of manganese resulted. This precipitate upon heating changed to a putty-like mass. This was thoroughly washed several times with warm distilled water, to remove the sodium sulphate, and the resulting putty-like mass was the pure oleate of manganese. This oleate, when dissolved in oleic acid to the required per cent., is ready for use. —DR. F. H. MARTIN, in *N. Y. Med. Record.*

HYPODERMIC INJECTION OF OIL.—In a paper read before the Section of Practical Medicine at the recent meeting of the American Medical Association, DR J. V. SHOEMAKER, of Philadelphia, said that it was well known that oils which could not be swallowed, or were rejected by the stomach, could be absorbed by inunction and subcutaneous injection; but the more rapid and effective use of these agents subcutaneously had had very little practical application. Krueg used subcutaneous injection of olive-oil in the case of an insane patient who refused to eat, with the result of keeping him in good bodily vigor; at the end of a month he was induced to take food in the natural way. DR. J. T. WHITTAKER, of Cincinnati, in a case of gastric ulcer, had given subcutaneous injections of drachm doses of milk alternated with beef extract. The general condition of the patient was improved, but abscesses formed where the milk had been injected. Cod-liver oil was then substituted for the other articles, two drachms being given every two hours for two days; on one day, eight ounces were injected. No ill effects attended or followed the injections of the oil. DR. SHOEMAKER had, he said, been induced a few years ago, in consequence of the inability of some of his patients to bear medicine by the stomach, to try subcutaneous injection of oil; and the effects in various diseases had been highly gratifying. Castor-oil administered in this way had acted as a laxative in many cases of constipation. For this purpose, one or two injections of a drachm or two of the oil were generally sufficient. Injection of a like quantity of cod-liver oil or olive oil had been attended with improvement of nutrition in cases of debility, dyspepsia, scrofula, tuberculosis, and some diseases of the skin and nervous system; it was especially useful in diseases of the alimentary canal, and in all affections depending on defective nutrition. The injecting syringe should have a capacity of from four to eight drachms, and should be provided with a needle of good calibre. The injection should be made in parts well provided with subcutaneous areolar tissue, such as the superior and inferior scapular and the sacral regions, the arms, the chest, the buttocks, and legs. Some irritation was produced at the point of puncture, sometimes redness and swelling; but these soon disappeared. There was no induration or inflammation, if proper care were taken in using the syringe, and the tissues were in a healthy condition.—*British Med. Jour.*

THE GERM THEORY OF DISEASE IN ITS RELATION TO THERAPEUTICS.—From an editorial in the Boston Med. and Surg. Jour., March, 1885:—If the views advocated in a recent editorial prove sound, then an infectious disease may be defined as "a conflict between the subject who is smitten and a particular micro-organism, which multiplies at his expense, appropriates his air and water, disintegrates his tissues, or poisons him by the decompositions which accompany its development." Granting this definition (to which daily increasing knowledge lends support), the study of bacteria in general, and especially of the morbigenous bacteria, possesses a surpassing interest to every physician who is not content merely to plod along in the ancient but obscure, and often dangerous and perplexing, path of empiricism.

As for the unfortunates who may be proved to be actually suffering from the invasions of the parasite, the problem of the therapeutist will be still somewhat difficult of solution. How best to destroy the parasite, and not injure his patient? He may not be able to apply his germicides in quite as unstinted a manner to the living human organism as he would to infected barracks or emigrant ships; but this leading indication he will ever have in view. In short, when once the cause is ascertained there can never be but one leading therapeutic indication, namely, to destroy this causal agent, or attenuate as far as possible its influence in the economy.

In surgery and obstetrics it must be confessed that the germ theory has already won triumphs; it has almost revolutionized the treatment of wounds, the methods of performing hazardous and difficult surgical operations (especially on deep parts), and the mode of management of that formidable complication of the lying-in state, puerperal septicæmia. Although the specific microbes of surgical and puerperal infection are not known, or but partially known, the influence of bacteria of some baneful kind on septicæmic processes is none the less recognized, and the results of strict aseptic treatment, germicide sprays, germicide dressings, and absolute cleanliness are of the most brilliant kind.—*Quarterly Epitome of Med. and Surg.*, June, 1885.

THE ABORTIVE TREATMENT OF TYPHOID FEVER WITH NAPHTHALIN.—L. GOTZE, in Zeitschr. für Klin. Med., 1885, No. 1, (Centralblatt für Klid. Med.) reports the use of naphthalin in a local epidemic of typhoid fever. Thirty-five cases in all were treated with the following results. With the exception of three cases treated with the drug, enlargement of the spleen was not noticed. The remedy was administered in doses of 15 grains, and 75, 90, and even 105 grains daily were received by the patients. Other remedies were substantially not administered.

The naphthalin employed was that directed by ROSSBACH, the purest resublimated with the oil of bergamot. During the course of the disease all the patients received over 1,050 grains, and many of them 1,100 grains.

Untoward effects (with one exception, in which naphthalin intoxication was exhibited chiefly in the form of brain depression; which was readily relieved by soda sulphurata,) were not observed.

The course of the disease, on the whole, was exceptionally favorable, and the intestinal symptoms—diarrhœa, pain in the cœcal region—was favorably influenced. In three cases the disease appeared to be generally shortened by the drug.

Other cases through its use became abortive in from six to ten days; in some others the fever did not continue more than 16 days. In a final series of cases the process of the disease was not shortened, but the period during which marked elevation of temperature was maintained was curtailed. Three cases died from serious complications.

In cases in which antipyrin in apyretic doses failed to reduce the temperature, naphthalin produced such effect, as was proven by several trials always with the same result.—*Medical News.*

A FRUITFUL SUBJECT FOR INVESTIGATION.—DRS. T. LAUDER BRUNTON and H. T. PYE-SMITH, at the conclusion of a paper upon researches relating to the pathology and treatment of cholera, say: We think that the directions in which further researches after a remedy for cholera are most likely to prove successful are:

1. The discovery of an antiseptic which will destroy pathogenic organisms in the intestine and prevent the formation of the cholera poison, while they are not themselves poisonous. Corrosive sublimate is a sufficiently powerful antiseptic, but it may itself prove poisonous to the patient as well as to the pathogenic organisms. It is possible that amongst the members of the aromatic group of bodies the desired substance may be found having the desired properties.

2. The discovery of some substance which will antagonize the action of the cholera poison after its absorption. As a preliminary step in this direction, further experiments are needed on the nature and action of alkaloidal substances obtained from cholera dejecta as well as from artificial cultivations in various media and under various conditions, electrical and otherwise.

3. Observations on the effect of stimulation of the mesenteric plexus by currents passed through the uninjured abdomen in poisoned animals and in patients suffering from the disease.—*The Practitioner*, June, 1885.

THE TREATMENT OF BILIARY COLIC.—The Dublin Journal of Medical Science tells us that among the other purposes for which KUSSMAUL'S procedure of washing out the stomach has been suggested, is biliary colic, due to impacted gall-stones. At a recent meeting of the Berlin Medical Society, ROSENTHAL reported two cases treated in this manner. One was that of a woman of 33, who had been six months under his care with successive attacks of biliary colic, for which all the usual measures had been resorted to, morphine alone giving her relief. He then washed out the stomach, with a view to obtaining the sedative effect to which attention had already been called by SENATOR. As an apparent consequence, the vomiting, which had been troublesome, ceased. She returned almost daily to have the operation repeated, and on the 14th day she brought with her two gall-stones, each about as large as a hazel-nut. Since then she has had no recurrence of the symptoms. The second case was also that of a woman who suffered from very severe attacks of hepatic colic with obstinate vomiting, and after washing out her stomach for a few days, not only did the vomiting cease, but the stones were also passed. ROSENTHAL did not undertake to explain the *rationale* of this treatment.—*Medical and Surgical Reporter.*

FRIEDRICHSHALL MINERAL WATER.—Some further improvements are in course in the method of caption of this old-established and favorite mineral aperient water. These, by

preventing the access of sweet water, and avoiding the dilution of the mineral water, will considerably increase its mineral strength and efficacy. Such improvement will doubtless be of considerable value, as it will enable the water to be used in smaller bulk, and, therefore, more conveniently than heretofore; and thus its efficacy, in practice, will be increased. The testimony of BAMBERGER, FRERICHS, and SEEGEN, and other foreign as well as eminent British authorities, has for many years concurred in indicating Friedrichshall water as an aperient which, for habitual use, is unrivalled. Its richness in chlorides gives it especial alterative value; and there is a great body of physiological evidence, collected by MOSLER and MERING, as well as of clinical evidence from the hands of SIR HENRY THOMPSON and others in this country, indicating the especial value of Friedrichshall in preventing the formation of uric acid; and establishing the fact that, unlike mineral aperients, its dose may be progressively diminished during continuous use. The improvements in the method of captoring and bottling the water, so as to free it from dilution, will no doubt add to its long established popularity.—*British Medical Journal*, April 25, 1885.

FARADISM IN THE TREATMENT OF ARRESTED AND DEFICIENT LACTATION.—DR. HENRY F. CAMPBELL, in an article in the Atlanta Med. and Sur. Jour. on this subject, concludes as follows:

First.—That from a consideration of the varying locality of the mammary gland upon the trunk of the several genera of mammalia, the nervous supply being furnished indifferently by any portion of the central spinal system—the object and the efficiency of the secretion being the same in all of them as in man—and especially from the known fact that anomalies in women have transferred the gland to abnormal localities, as the groin, etc., it may be decided that the neuro-dynamic excitation in the mammæ of the human female is of the simplest nature, and no other than that under which the functions of the integument, as sensation and secretion, are accomplished.

Second.—After the foregoing conclusion in regard to the simplicity of the neuro-dynamic influences concerned in the function of lactation, and in the light of the experience of the cases herein reported, we may reasonably expect the stimulus of a well-selected and judiciously applied electric or galvanic current to prove, in many cases of arrested and deficient lactation, a hopeful and often an efficient therapeutic measure.—*American Medical Digest.*

THE TREATMENT OF WHOOPING COUGH.—In his summary of treatment, in a clinical lecture delivered at the Philadelphia Hospital (Medical News), DR. JOHN M. KEATING emphasizes the value of the steam spray and the atomization of medicated solutions, among which he ascribes value to DOBELL'S solution, eucalyptol, and thymol. With the bichloride he advises caution. Corrosive sublimate, which is now used for almost everything, he says, has also been applied here in the form of the spray. He remarks that it is a dangerous drug to put into the hands of an inexperienced person, and, as we have so many other useful remedies for this affection, he thinks it wise to avoid the use of corrosive sublimate. He has used listerine extensively with good results in the treatment of whooping cough. He employs it in the strength of one drachm to two ounces of water, with an ordinary hand-atomizer, directs the nurse to apply it twelve or more times a day, and finds that little children, even babies, do not object to it. He adds to it tincture of belladonna, potassium carbonate, or ammonium bromide, as the case may demand. Chloride of ammonium he also finds of great service in the form of spray.—*New York Medical Journal.*

COCAINE AS AN ANTIDOTE FOR MORPHINE.—The Wiener Med. Blatter reports on cocaine as an antidote for morphine, especially in cases of habitual use of the drug. The injection of one-seventh of a grain to a grain and a half of cocaine induces a condition very similar to that caused by a sudden stoppage of the morphine, but there is besides a peculiar sensation, as if the cocaine were seeking out the morphine in the body, and eliminating it by degrees. Griping then follows, as if from a drastic purgative, and copious thin stools ensue. The face becomes yellow, as in the abstinence cure, this passing off gradually as the cocaine gets the better of morphine in the organism. Cocaine may be used as a measure for the amount of morphine which is present in the body of the patient; as the symptoms become more intense, the more cocaine is given, until the morphine is entirely eliminated. It is suggested that a more pleasant mode of administration would be to give the two drugs together, and gradually to increase the cocaine while diminishing the morphine, in order to avoid the unpleasant symptoms of morphine hunger.—*Buffalo Med. and Surg. Jour.*

THE THERAPEUTIC VALUE OF CHLORIDE OF CALCIUM.—DR. CREIGHTON (Eastbourne) described the great improvement which he had obtained in cases of scrofula treated by this drug. He advocated it in glandular enlargement of the neck, in suppuration of glands, and also in caries due to scrofula. In support of this, he related cases. He recommended the crystallised chloride as the best form. The doses he gave were smaller than those generally used, namely, one to three grains for young children, and rarely more than 12 to 15 grains for adults. A solution in syrup rendered the salt fairly palatable, and it should be given in milk, after meals. It is generally necessary to continue treatment for a long time, even for some years; and in cases where improvement, or apparent cure, resulted, symptoms of relapse sometimes necessitated occasional return to the treatment.—*British Medical Journal.*

COCA IN PHTHISIS.—DR. J. BLAKE WHITE, 941 Madison Avenue, states that he has for several weeks been testing the effects of coca in phthisis, and the results thus far obtained tend to confirm his belief in the therapeutic value the drug in this and other wasting diseases.

"Prescribed in some cases of advanced phthisis associated with great physical depression it exerted a wonderful tonic effect, substituting a cheerful and hopeful state for one of despair, and in proportion establishing an improved condition of health. In some cases in which night-sweats were quite profuse the remedy seemed to have exercised a controlling influence. A more refreshing repose and a better appetite were observed in patients who had taken the wine of coca for a week or more, when prior to this treatment insomnia and anorexia were painful symptoms." DR. WHITE adds that coca is now being thoroughly tested in his service at Charity Hospital, and he hopes to be able to supplement this notice with a more full report concerning the value of the drug in the management of consumption.—*Medical Record*, July 4, 1885.

CHLOROFORM AND COCAINE, COMBINATION OF.—DR. FERRIER lately read a report before the Surgical Society of Paris, on a work by DR. DRANSART, who proposed the adjunction of *chloroform* to *cocaine* for operations on the eye. The chloroform is administered in the usual way after an instillation of cocaine, and the time taken up to administer the former is thus reduced to one or two minutes. The advantages claimed for this method are that the deeper tissues of the eye, such as the iris, muscles, optic nerve, etc., may be cut into without causing pain, which would not be the case with the instillation of cocaine alone. The duration of chloroformisation being considerably reduced, the dangers attending the admistration of chloroform are *pro tanto* diminished.—*Lancet.*

PYRIDINE FOR ASTHMA.—PROFESSOR GERMAIN SEE has recently laid before the Academy of Sciences some favoroble results obtained in the employment of pyridine in the treatment of asthma. The best method of administration has been found to be by inhalation, which yields better results than either subcutaneous injections or the smoking of cigarettes saturated with the base (Nouv. Rem., June, p. 121). For this purpose four or five grams are poured on a plate placed in a closed room. The air in this confined space being breathed by the patient, the pyridine rapidly passes into the blood, and its presence can be very soon after demonstrated in the urine. The patients are said to quickly experience a marked diminution of oppression, and the symptoms generally rapidly improve. *Med. Press.*

THE EXTERNAL USE OF CHLORAL FOR NIGHT-SWEATS.—NICOLAI (Wratsch.; St. Petersb. med. Woch.) remarks that the usual remedies for night-sweats have the disadvantage that the system soon becomes accustomed to their action, and that, consequently, the dose has to be so increased that unpleasant collateral effects are produced. The external use of chloral, he says, is free from this objection. He uses a mixture of two drachms of chloral and two beerglassfuls of equal parts of brandy and water. With this mixture the patient is bathed at bedtime. If this is not enough, a clean night-shirt is put on which has been soaked in the solution and dried. This treatment is said to be particularly successful with children when the trouble is not due to phthisis.—*N. Y. Med. Journ.*

CARBOLIC ACID HYPODERMICALLY IN AGUE.—DR. DICULAFY recently communicated to the Société Médicale des Hôpitaux, of Paris, a case of tertian ague, which, failing to yield to quinine, was cured by carbolic acid administered subsutaneously. On the first day the doctor injected 2 ½ centigrammes of the acid dissolved in 100 parts of water. The quantity was increased on the following day to five centigrammes, and to seven on the days of apyrexia. Recovery was complete at the end of seventeen days. The patient had then absorbed eighty-four centigrammes of carbolic acid, without exhibiting any toxic symptoms.—*Amer. Med. Digest.*

THE FRUIT OF THE CALABASH TREE AS A PURGATIVE.—According to Peckòlt("Nouveaux remèdes"), both the pulp and the expressed juice of this South American tree, the Crescentia cujete [Linnæus], have long been used as laxatives in Brazil. The alcoholic extract, in doses of a grain and a half, is a laxative, and acts as a drastic in doses of seven or eight grains. The fresh pulp is also employed as an application in cases of erysipelas. It is boiled with water until it forms a black paste, then vinegar is added, and the mixture is boiled again. It is applied spread on linen.—*N. Y. Med. Journal.*

SALT BATHS IN THE TREATMENT OF FEVER.—RABINOWITSCH (Wratsch; Dtsch. Med. Ztg.) reports the results of treatment in the cases of sixteen patients, who received in all one hundred and forty-one baths. He says that not only did the addition of salt to the water cause a greater reduction of temperature, but the pulse and respiration were improved and the patients felt much stronger than was the case after the use of fresh water.—*New York Med. Jour.*

ADONIDIN.—This substance is a glucoside derived from the adonis vernalis, a plant of the family of ranunculaceæ. It increases arterial tension, regulates the action of the heart, and augments the renal secretion. It is administered in daily doses of one-thirteenth to one-ninth of a grain, gradually increased to one-third or one-half a grain. It is said to possess a cumulative action, and its administration should therefore be suspended every fourth or sixth day.—*Med. Record*, July 4, 1885.

SUGAR IN PHTHISIS AND DYSENTERY.—DR. VILDOSOLA, in a Habana Medical paper, states that cane sugar is valuable as a diet in consumption and chronic bronchitis; also in dysentery, and even in dyspepsia. He says that dysentery, which cannot be controlled by ipecacuanha and other remedies is frequently found to yield to sugar-cane in a state of fermentation when chewed.—*London Lancet.*

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Original Articles.

DIPHTHERIA.*

BY G. A. TYE, M. D., CHATHAM, ONT.

No subject can be presented to practical physicians that possesses a greater interest than diphtheria—a disease as ancient as history itself, and as widely spread as the human race. It stays not its ravages for country nor climate; it ruthlessly invades alike the hut of the peasant and the palace of the prince; it is not ashamed to claim its victims in the house of poverty, nor fears to enter the house of luxury. Many here to-day have had the circle of their own fireside broken, and every one here has felt his utter weakness when the home of his friends was desolated in spite of all his art, and to-day we unite our forces to meet a common foe.

We possess two means—*prevention* and *cure*—which enable us to lessen its ravages. Our greatest power at present lies in the former. It is a great satisfaction that at last we have a system of State medicine established in Ontario, and that legislative enactments now guard the birthright of every subject's health. Such legislation marks an advance in true civilization. The country owes much to the Ontario Board of Health for its energy, intelligence, and thoroughness in carrying out the Act. The people of Ontario are being rapidly educated in sanitary matters, and there are fair prospects that the prevalence of this disease, as well as many others, will be soon limited.

The report of the Registrar-General shows that it ranks high amongst the fatal diseases of this Province. For the year 1876 he reports a large increase in the number of deaths. In 1874 the deaths were not sufficiently numerous to be placed in the list of the ten highest causes of death, but in 1876 it stands third. Many deaths really due to diphtheria are returned as croup; but the death rate from croup also increased in the same year, showing that they were probably due to one cause. In 1877 it stood fifth; 1878, fourth; 1879, sixth; 1880, fifth; 1881, fourth; 1882, fifth, in which year there were 1,239 deaths from this cause alone.

*Read before the Ontario Medical Association, London, June, 1885.

The predisposing causes are telluric, meteorological and individual. Among the former are low, damp situations. Houses are placed close to the ground, with no provisions for currents of air to pass beneath them to dry the soil or expel noxious vapors. Houses too closely surrounded with plants, shrubbery, or trees, are favorable to the development of low organisms. River flats, sites of old saw mills where there is much decomposing sawdust, seem to be prejudicial. I have observed several cases apparently due to these causes—at least no other could be found. I have notes of nine cases observed in the autumn of 1884, which occurred within two weeks in two adjoining blocks of small tenement houses, placed close upon the flat, damp, undrained ground. DR. RYALL, Medical Health Officer of Hamilton, reports to the Board of health (in April last) of that city, the condition of the premises in which diphtheria was found. The description is so vivid and terse that I reproduce it: "The results of the examination of the affected districts revealed cellars dirty and damp, smelling strongly of sewer gas, vegetables stored in cellars decomposing and smelling badly, kitchen sinks and baths untrapped and unventilated, being connected either with sewer or water-closet, or bad smells in back yards, defective pan water-closets, soft-water cisterns under the kitchen floor, well-water used which received drainage from the surface manure heaps. A few cases occurred where the premises were in good order, but the surroundings were bad." The germ of diphtheria, whatever that may be, always finds in such conditions a suitable nidus for development—breeding spots where one germ generates many. All these causes are in the preventable list, and with the aid of the physician the people can remove them.

Meteorological conditions of a certain kind are strongly predisposing. The Michigan State Board of Health finds that diphtheria is increased by increased daily temperature above the average for that period of the year, increase of humidity, increase of cloudiness, excess of winds, excess of ozone, high barometric pressure. Our own health reports establish the fact that the disease is most prevalent in November and December, when many of these conditions exist. During this period there are high barometric pressure, magnetic displays, and an electrical condition of the air producing nascent oxygen and ozone. The experiments of B. W.

RICHARDSON shows that these gases are irritating to the respiratory passages, hence we find an excess in sore throats, and a corresponding increase in diphtheria. We must conclude from these premises that sore throat is a favorable locality for the reception of the diphtheria germ. The throats of children are very susceptible to atmospheric changes, and consequently age is a predisposing cause. The greatest mortality occurs from two to five years of age. The Registrar-General's Report for 1879 states that, of 574 deaths, 283—or about one-half—were under five years; 184 between five and ten. In 1881, 72 per cent. were under sixteen; in 1882 there were 1,239 deaths, 83 per cent. were under fifteen. The exciting cause of this disease is probably a germ from some former case. Bacterial pathology has not yet clearly established its nature. The natural history of these germs teaches us that they thrive best where there is moisture and decomposition of organic matter, and continue to produce their kind so long as favorable soil is present, and that those already formed may linger long in a locality after the production has ceased.

DR. BRYCE, in the Health Report for Ontario, says there does not appear in the whole catalogue of diseases one which is so persistently epidemic in a locality when once introduced. What are the modes of communication? It is communicated by the direct passage of morbid material from a diseased throat to one previously healthy. The history of tracheotomy prements some lamentable illustrations of this fact. It may be communicated by the inhalation of germs existing in an insanitary locality, although no case of the disease then exists there. It is communicated by germs wafted in the air, and that for a considerable distance. and they produce the disease, more especially when a predisposition exists, so that many suffer whose sanitary surroundings are apparently perfect. The clean, as well as the unclean, may be obliged to share the calamity. I shall confirm these propositions by a few cases. A medical man reports to the Provincial Board that the mother of a large family laid out the body of a little girl dead of diphtheria. In a few days four of her children were down with it. The pall-bearers were boys. One of them took it home, and seven of that family were taken ill.

Last December I saw a boy, aged fourteen, then ill for five days. His mother saw membrane in the throat. Croupy symptoms were strongly marked. It was a serious case. I found that three weeks previously he passed the night at the house of an uncle, and slept in a bed in which a child had recently died of diphtheria.

DR. HOLMES, of Chatham, related a case which seemed to show that it may be carried in clothing. A gentleman called at a house on business, and was obliged to remain there some hours. The disease existed in this house. He went to his own home some miles distant. No cases were near his own residence, yet both wife and child took the disease, and the child died.

DR. MULLIN, of Hamilton, tells of a family under his care; four members suffered; the first a school-boy, the early indications appeared Nov. 6; the other children were sent from home at once, and the patient was convalescent on the 13th. The other children were brought home on the 20th, and efforts made to keep the convalescent one isolated; however, on the 30th another was seized; Dec. 1st another, and on the 6th the third. He says the occurrence in the last three seems to him fairly attributable to contagion from the first.

During the winter of 1884, I observed a number of cases in one neighborhood, which seemed to prove its passage in the air. In a tenement house standing alone in a filthy state, two children died of diphtheria; across the street, and a few rods eastward, was a row of houses, all situated on high, dry ground, fair water and families in good circumstances. In a few weeks after the deaths in the tenement house, it appeared in this row, which was in the direct course of prevalent winds; two children in one house, five in the next, and four cases in the third house, in all eleven cases occurred in this row of houses; the two in the in the first house recovered; one of the five in the second house died of heart paralysis some days after apparent convalescence; another had a narrow escape; in the third house one died. A visitor had contracted tonsillitis while boating on a damp evening; she died from stenosis of the larynx. Four weeks later five cases occurred in an adjoining block, in my care; another case close by attended by another physician; some weeks later, in a house close to the original outbreak, but on an opposite side, two children died in one family; altogether, 19 cases and 5 deaths within a radius of about 20 rods. Our board of health was not yet organized; had there been means to have thoroughly cleansed house No. 1, I believe disease and death would have been prevented.

Prophylaxis is a most essential part of the treatment, for more can be saved by prevention than by cure. It must be confessed that our treatment is not yet what we may hope for. The prophylactic measures can be inferred from the etiology already stated. Let the unaffected ones of a family be isolated at once, if possible, in another house, and in a different locality, as high and dry as can be secured, and let the quarantine be prolonged. All exposure to cold winds must be avoided. Keep throats of sound children disinfected with proper applications. I am sure this will prevent some

cases. Every case of sore throat should be promptly treated. Rooms occupied should be large, well ventilated, and kept at an even temperature. The vapor of turpentine, tar, or sulphurous acid are probably useful, and are very well tolerated. Every infected locality should be visited by the authorities and completely disinfected to prevent the spread of the disease.

The question of the identity of croup and diphtheria has been discussed for some time without reaching a definite conclusion. The views of DR. LEWIS SMITH in a recent article are correct, that membranous croup is not a disease of itself, but an outcome of other diseases or conditions, and states them in the order of frequency: 1. diphtheria; 2. cold; 3. measles; 4. pertussis; 5. scarlatina; 6. typhoid; 7. irritating inhalations. He says that in all instances the morbid anatomy, clinical history, and required treatment of the croupy state are nearly identical; and that attempts to differentiate them are futile. This puts the identity as regards treatment, too strong, for in diphtheritic croup the system's condition is more adynamic than in croup from cold. In croup from other causes there is a sthenic condition, stenosis is the principal difficulty, and calomel can be pushed farther, or jaborandi used.

Jaborandi was tried extensively in the terrible epidemic of diphtheria in Russia a few years ago in the croup cases, upon the theory that the abundant secretion produced would so influence the condition of the parts as to prevent the formation of membrane or dislodge that already formed. The statistics do not favor its use in diphtheritic croup from its depressing tendencies. In cases of croup due to cold I have found it a powerful agent for good, and children tolerate this drug to a remarkable degree.

The *treatment* of this disease has a superlative interest. It is strange how many specifics there are—how many there are that find sure cures and safe cures. There are medical men who say they have never lost a case. Happy is the man who can so flatter himself. The local treatment is secondary in importance to the general treatment. The throat is now no longer injured by caustics, acids, and rough swabs, which would produce a sore throat where none already existed. The throat should be kept as clean as possible with frequent gargles of hot water, which lessen the hyperæmia. Solutions of chlorate of potash are grateful. A soft camel's hair brush should always be used to make applications. There are many applications so equally good that it makes little difference which we employ. Sulphurous acid and glycerin, with the addition of thymol, is effectual and pleasant. Oil of eucalyptus and liquid petroleum make another good topical remedy. Lactic or acetic acid with glycerin I have found useful. The atomizer is an excellent instrument to make application to the throat by the mouth, or through the nose, where the patient's age permits. Much harm can be done by using violence to dress the throat. Solutions that permit of being swallowed are better than forcible swabbings. Formerly membranes were eagerly detached, leaving a raw, bloody surface, upon which a new membrane rapidly forms, often in twenty-four hours. The membranes should be well cleansed and disinfected, and allowed to drop off when ripe for separation, after which they rarely return. Loose, hanging portions can be removed with scissors. ROSSBACH, of Germany, after four years' trial, speaks favorable of the vegetable digestive papayotin. It acts well in the acid or an alkaline medium. DR. LEWIS SMITH mixes one drachm of FAIRCHILD's extractum pancreatis with three of sod. bicarb, then adds one teaspoonful of this to six of water, and pencils the fauces, and uses trypsin with the atomizer for membranes in the larynx. A discussion of this subject at the last meeting of the American Medical Association confirmed the use of tried remedies, but no thing new of value was introduced.

The longer I treat diphtheria the more am I convinced of the power of tincture of iron, alcohol, quinine, and chlorate of potash, but the first mentioned is superior to all. These articles are all eminently safe, whether the tendency to death be from asthenia or from asphyxia; but the best effects of iron are seen only when administered in very large doses. DR. JACOBI, in the American System of Medicine, recommends from 5 to 15 minims properly diluted every fifteen minutes or half hour, and I am sure, from my own experience, that this is valuable teaching. There is certainly a tolerance of the drug in this disease.

Alcohol, given early and freely, stands next to iron. AUSTIN FLINT, in an admirable article on "Medicinal and non-Medicinal Therapeutics," thus speaks of alcohol in this and kindred affections: If alcohol be useful as a material for combustion within the body, it is indicated in the condition of fever, prior to the indication for its employment to sustain the failing powers of life. The object from this point of view is to forestall these indications and prevent the asthenia. It is evident that employed with a view to test fairly its value as an antiseptic or parasiticide, or as an antidote, it is important that it should be employed early, continuously, and in as large quantities as it may be tolerated.

Chlorate of potash is a well established remedy, but given in very large quantities will produce nephritis and albuminuria. Quinine in tonic doses is an excellent adjunct, but its bitter taste makes it difficult to administer to

young children. When croupy symptoms appear, there is still a possibility of arresting the further progress of the membrane by the increased dose of iron and alcohol. For many years I have found excellent results from the frequent administration of small doses of calomel, one gr. per hour, and free inunction of the neck with oleate of mercury. I know no remedy equally potent. The inhalation of moisture, in the form of vapor, is beyond doubt of considerable value. The atomizer is the best instrument for producing the vapor. I have tried to use ice, but my patients would never tolerate it long enough to judge of its merits.

When the stenosis continues to increase in spite of remedies, no time must be lost if the trachea is to be opened; for if there be any hope from the operation, it is when done comparatively early. The results are not encouraging. The benefit of this operation, so manifest in croup from other causes, is not found in diphtheria, for it does not check the disease. DR. HOLMES, of Chatham, informs me that he has operated three times with a fatal issue in every case, but he would advocate the operation for euthanasia.

The albuminuria of this disease is rarely due to a nephritis, but to congestion of the kidneys, for it rarely produces dropsy or uræmia, and recovery is rapid after the cessation of the cause. The dyspnœa produces general engorgement which the kidneys must share; or the vagus being effected, the heart is weakened, and the congestion is due to this cause. The paralysis of diphtheria is fortunately not very frequent; some epidemics are much more marked than others by its appearance, and unless it involves the heart, or the paralysis is general, there is a strong tendency to spontaneous recovery. There is some evidence that galvanism has a beneficial influence. PROFESSOR THACHER, of Yale, has made some careful observations on the effects of massage, faradism and galvanism. There was a positive gain from galvanism, no effect from faradism, while massage seemed to lessen the fever.

A CASE OF CONSERVATIVE SURGERY.

BY C. S. PARK, M.D., HUBBARDSTON, MICH.

March 31st, 1884, I was called to see J. C. I found, in hygienic surroundings as bad as can well be imagined, a pale, emaciated boy, fifteen years of age, lying in a filthy bed, which was saturated with blood.

A few hours previous to my arrival the boy sat in a chair, about twelve feet from an elder brother, who was repairing a musket which was heavily loaded with No. 4 shot. The gun was accidentally discharged. The whole charge passed through the boy's left knee-joint.

For several years the boy's health had been poor. During a few weeks before the accident he had been confined to his bed, suffering with fever, cold sweats and a troublesome cough.

I found a large, ugly-looking wound. The leg seemed to have been flexed to a right angle with the thigh, the charge entering immediately above the head of the fibula and passing directly through the joint under the patella.

The articular ends of the femur and tibia were torn away. The whole compact tissue of the inner condyle of the femur protruded through the wound, intact.

The boy's pulse was imperceptible. He appeared to be in a dying condition. Hemorrhage continued, which I checked by packing the wound with sublimated absorbent cotton. I put the limb in a temporary splint and directed liberal doses of quinine, whiskey and milk to be given.

The next day I found the pulse at 140 and stronger; temperature, 102°. I carefully cleansed the wound, removed eight or ten pieces of loose bone, put the limb in an interrupted plaster bandage, and gave tonics and stimulants.

Several days after the accident a consulting physician thought an amputation would be useless, as death seemed inevitable.

For three weeks I thoroughly washed the wound once a day with sublimate water, frequently removing pieces of loose bone. I then left the case to the care of the parents. I never found the temperature above 102°, but I did not find it below 100° during the first two weeks.

About ten weeks after the accident I removed the plaster. The wound had healed with the exception of two or three small sinuses leading down to the dead bone. The long bones were firmly united. There was little deformity except a shortening of about four inches. The boy soon began to walk with a crutch. The cough which he had had for more than a year, ceased, and his appetite and digestion became better than for two years before.

I have not seen the patient in a long time. His parents say he is able to walk without a cane or limp, and to do work in the field. His general health is good. At long intervals a sinus has opened and a piece of bone come away.

I believe recovery from such a serious wound at the knee, without an operation, is generally thought improbable.

In regard to the improvement of symptoms which existed before the accident, the history of which would lead one to strongly suspect phthisis, I will advance no theory.

CÆSARIAN SECTION BY ANIOX.

REPORTED BY JOSEPH Z. SCOTT, M. D., SCANDIA, KANSAS.

The following case is probably unique in the medical literature. My memory is refreshed from notes taken by DR. MEANS, who saw the case with me in consultation:

MRS. PISKULLA, æt. 34, the mother of seven children and near full term in her eighth pregnancy, on November 16th, was gored by an infuriated ox. The horn of the beast entered at the anterior superior spinous process of the ilium, and made a rent extending to the umbilicus, and involving both the abdominal parietes and the walls of the uterus. The child was extruded through the wound in half an hour after the occurrence of the accident. When I arrived on the scene, I found the child fully delivered, but remaining attached to the cord, which I ligatured and severed. There being no dilatation of either the os uteri or the vagina, I delivered the placenta through the rent and applied a bandage. The patient was almost lifeless from hæmorrhage and shock, and I placed her on morphine and whisky. On the following day she was still alive and DR. MEANS was called in consultation at 9:30 a. m. The small intestines escaped from the wound on the removal of the bandage, and were returned with much difficulty. The wound was now closed with interrupted sutures, a carbolized compressed was applied, and the morphine and whiskey continued internally. At 5:00 p. m. of the same hay I found the pulse 130 and respiration 25 per minute. The abdomen was greatly distended, and the vital powers were fast becoming exhausted. On the following morning I found on my visit that the woman had expired at 10:00 o'clock of the previous night.

SHAKESPEARE speaks of MACBETH as having been torn from his mother's womb by a wild boar, but probably the statement must be charged to poetic license. I believe the case I have above reported to be the only authentic case of Cæsarian section performed by a beast, on record. It may be interesting to know that the child suffered little or nothing from the violent and unusual method of its delivery, and and is alive to-day, a vigorous and thriving boy.

MICHIGAN STATE BOARD OF HEALTH.

At the quarterly meeting of the State Board of Health of Michigan, held July 14, 1885, at its office in Lansing, the following members were present: DRS. AVERY, LYSTER, HAZLEWOOD, VAUGHAN, TYLER, and BAKER.

The Secretary read a report of work during the quarter ending July 13, 1885, the leading features of which are as follows:

The weekly and monthly bulletins of health in Michigan and the meteorological and mortality reports had been prepared from the numerous reports received, and sent out as heretofore. The footings and computations on meteorological registers and on the sickness reports and tables have been carried on; and the meteorological computations for the year 1884 nearly completed, ready for tabulation. The office has made large distribution of documents relative to the work of health officers, and to the restriction of contagious diseases, to newly appointed health officers and to others especially in localities where such diseases have occurred. The proceedings of the Sanitary Convention at Lansing have been edited, sent to the printer, and the proof on most of it read. Articles on meteorology and sickness in Michigan in 1883 have been completed from data previously collected. Data collected by the office relative to scarlet fever in Michigan in 1884 have been compiled, and also that relative to diphtheria. A map has been prepared showing the distribution of diphtheria in Michigan in 1884. Smallpox has been present in Michigan during the quarter at Bellevue, Eaton County, Alba, Antrim County, Battle Creek, Girard township, Branch County, and South Haven. The outbreak at South Haven was confined to those first exposed, and has been stamped out after nine cases occurred, with one death. The infection at South Haven was from a German emigrant, who sailed from Bremen, April 12, on the ship Donan, North German Lloyd Line. The emigrant was broken out with smallpox when he reached South Haven, April 27, and might have been quarantined *en route*, and the outbreak thus confined to the one case. All infected persons were at once vaccinated by the Health Officer, but the virus was not good, and thus precious time was lost. This outbreak is but another added to the many constantly recurring outbreaks of communicable disease in Michigan and the north-west, to which a faithfully executed emigrant inspection service, carried on by the national government, would put an end, or greatly lessen. At the present time, so far as known, there is not a case of smallpox in Michigan. Typhus fever was reported at Grand Rapids, Mich., during the week ending July 4. Cholera is spreading with great violence in Mediterranean Spain, hundreds dying daily. It was reported present in Marseilles over a month ago, and July 10 at Toulon. A strange and fatal disease, believed to be cholera, was also reported from Portugal. Asiatic cholera will probably reach this country this year or next year, and the State Board of Health has prepared to meet the emergency by many lines of work, as it best could. About 12,000 copies of the document on the best method

for the prevention and restriction of cholera were distributed to the people last year. The recent distribution of documents pertaining to typhoid fever, and especially the correspondence with health officers throughout many parts of the State on the best method of restricting this disease, has done something in the way of drill in the two important methods applicable in case of cholera—the disinfection of all bowel discharges and the protection of the water-supply. Much, however, remains to be done in many localities in the way of abating nuisance, and in protecting wells from sources of contamination. The Legislature has passed an Act granting to the State Board of Health power to establish a system of inspection of immigrants and travelers, and the disinfection of baggage, etc., liable to be infected with cholera or other dangerous communicable disease; but the act was not given immediate effect and so does not take effect until September 18, 1885. The contingent appropriation to enable the Board to carry on the inspection, etc., provided for in the Act, can be used on or after September 18, in case the Governor thinks its use is necessary. Reports relative to examinations during this quarter, by this Board, of plans for buildings, have been sent to the Boards governing the Michigan Asylum for the Insane at Kalamazoo, the Northern Asylum for the Insane at Traverse City and the State Reform School at Lansing. Over 650 pages of the letter-book have been used in copying the most important parts of the correspondence, and other branches of the office work have been large during the quarter, and the Legislature made additional demands upon the time of the office.

A very successful Sanitary Convention was held during the quarter at Ypsilanti.

The Board spent much time in examining plans, as required by law, of a proposed new double cottage at the Reform School at Lansing, a building designed to accommodate 100 pupils. The plans were submitted by the architect, MR. WM. APPLEYARD, of Lansing. The Board approved the plans for ventilating and warming the second and third floors. With reference to the first floor the Board recommended, in order to avoid the settling of dust in the registers, that iron hoods be placed over the fresh air inlets which enter the schoolrooms through the floor, and that two additional foul-air outlets each of a size equal to that of the present outlet, be provided for the two school-rooms, one in the west wall of the west room, and the other in the east wall of the east room, and that these shafts be heated by steam pipes. Each of these two schoolrooms is 30x40 feet, 13 feet high, and designed to accommodate 50 pupils. Fresh air is brought into each room by two shafts having an area of 512 square inches. The foul air shaft for each room is only one-half the size of the inlet pipes; the area being 256 square inches. The recommendation by the Board of Health is that the outlets equal the inlets in area. The method of heating, and of taking fresh air into the building was approved, and also the making of the basement floor of cement, troweled smooth.

The secretary presented a printed statement in regard to the charges made by a minority of the legislative committee on investigation; and asked that a committee be appointed to fully investigate the conduct of the office, and the several laws governing the action of this board. DRS. HAZLEWOOD, VAUGHAN, and TYLER were made such a committee.

The Secretary read a resumé of the work of other State Boards of Health, and of city boards of health; also a report in regard to recent legislation in Michigan in regard to subjects relating to public health. The act passed by the legislature appropriating $10,000 as an epidemic contingent fund was read by the Secretary and the Board appointed DRS. BAKER and LYSTER a committee to frame rules under that law and submit them to the members so that they can be in readiness in case of threatened occurrence of cholera, smallpox, etc. The Board authorized the Secretary, should cholera appear in Michigan, immediately to proceed to the place, or send a competent person to confer with and aid the local board in restricting the spread of the disease; and it was informally agreed that if cholera appeared in the United States, the President of the Board should at once call a meeting. The revision of the document on restriction of cholera issued by the Board in 1884, and the printing of 20,000 copies for distribution, were ordered.

The Board directed that the names and addresses of health officers in Michigan be printed in pamphlet form.

The subject of typhoid fever was discussed and the Secretary was instructed to issue a circular designed to collect information from health officers in localities where typhoid fever occurs; and a committee was appointed to prepare and have printed a document giving methods of preventing and restricting typhoid fever, the document to be distributed in localities where it occurs.

The Board considered the subject of the carrying of infected articles and bodies dead from contagious diseases, and circulars relating to that subject were ordered printed and sent to health officers and to railroad companies.

The proceedings of the Ypsilanti Sanitary Convention were ordered printed in pamphlet form.

Invitations from three places in Michigan to hold Sanitary conventions were considered.

The Medical Age.

A SEMI-MONTHLY REVIEW OF MEDICINE.

JOHN J. MULHERON, M. D., Editor.

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DETROIT, MICH., AUG. 10, 1885.

Editorial.

THE PREVENTION OF CHOLERA.

The North American Review for August contains a series of short articles by well-known writers, under the heading, "Can Cholera be Cured?"

DR. JOHN B. HAMILTON is of the opinion that a vigorous enforcement by the Indian Government of approved sanitary measures, would throttle the disease in its cradle, and deplores the complacency of the nations which permits the periodical excursion of this death-dealing scourge to the countries to the westwards. The system of notification devised by the late SURGEON-GENERAL WOODWORTH is potent for much good in the direction of prophylaxis, but in order to its accomplishment of all its possibilities, a skilled medical man should be attached to each consulate. At present each consular officer is required to report the existence of any contagious disease in the district to which he may be assigned, and, in the event of the departure of any vessel from an infected port to any other port in this country, to notify the authorities of this country of the fact. In the case of a sailing vessel the notice may be sent by mail, but in the case of steamers the telegraph is used. DR. HAMILTON rejoices in the fact that the old doctrine of detention at quarantine, with its barbarous and cruel exactions has gone to the limbo of exploded dogmas. An infinitely better method is that inaugurated by the President of the Board of Health of the State of Louisiana, which provides for the thorough disinfection of the cargo, passengers, and crew, with their wearing apparel, of all suspected vessels. The vessel must be unloaded at the port of entry, and the disinfection systematically conducted. Under this method he thinks cholera could be prevented from gaining a foothold in this country.

DR. JOHN B. RAUCH cites the outbreak of cholera in 1867, in Ohio, Minnesota and Dakotah, and directly traceable to immigrants from Holland, Sweden and Germany, as proof of the possibility of the transportation of the virus. He, therefore, endorses the suggestion of DR. HAMILTON, of a more vigorous disinfection at the port of entry. He insists also on the necessity of house-to-house inspection by properly qualified persons in every district, who should be vested with power to insist on necessary improvements. His experience, both as a practicing physician and as a sanitary officer, warrants the assertion that cholera in common with the other epidemic diseases, may be preprevented through the active enforcement of a thorough quarantine of observation and sanitation.

DR. JOHN C. PETERS regards the spread of cholera as due to the dissemination of germs, through the excreta, and holds that these germs are readibly destructible by means of acids. In a healthy condition of the stomach the gastric juice is sufficient to effect their destruction, and hence the necessity of maintaining this organ in its normal condition, through proper diet and personal hygiene. Among remedies, aromatic sulphuric acid is the best prophylactic and curative, although the fact that dilute phosphoric acid may be taken for the greatest length of time with the least danger, makes it the preferable beverage as a prophylactic. He insists on the necessity of a prompt checking of a diarrhœa during the prevalence of cholera. Impure air while not capable, in itself, of causing cholera, seriously predisposes the system to attack by the specific germ.

DR. H. C. WOOD advocates the removal of all healthy persons from infected communities. While presence of mind plays an important part in prophylaxis, it is not so important as absence of body. With perfect cleanliness of our cities and purity of the water-supply, cholera would be a disease scarcely to be feared; but the DIVES of one block perishes because he has neglected the LAZARUS of the next. During an epidemic those living in the midst of it should drink only water which has previously been boiled for at least two hours. Adding brandy to infected water does absolutely no good. Bottled mineral waters may be used, but all liquors on draught should be avoided. It is much safer for the traveler to take a bottle of claret or of beer for his dinner than to take water. Attendants on cholera patients should take precautions against self-infection by the carrying of articles to the mouth. The hands should be carefully washed with corrosive sublimate solution or a solution of chlorinated lime, and the mouth should be freely rinsed with similar solutions properly diluted.

DR. CHARLES A. LEALE lays down the following rules:

1. Cleanliness in all things—the streets, the home, the person. Keep the cellars, tanks, and sewer connections in good condition. For the

person a daily bath, also a wash of the face, hands, teeth, and mouth after each meal.

2. Proper clothing, easily fitting and comfortable. It is better to have too much than too little. A broad flannel band around the abdomen, worn day and night, will be useful.

3. Temperance in all things, with a generous diet of all wholesome articles—fish, meats, vegetables, and clean, ripe, seasonable, native fruits, with extras to a proper degree. If any article is known to disagree with you, avoid it. Do not eat or drink indiscriminately between meals, and if any distress is caused by improper substances in the stomach, quickly reject them.

There should be inspection, under consular direction, at exit ports where cholera may be present, of all persons or articles that may convey disease; enforcement of rigid quarantine at all entry ports; establishment of quarantine hospitals; thorough disinfection of all suspicious articles; compliance with the law that requires cases to be reported. As soon as cholera appears, all infected places should be divided into districts, to be presided over by proper officials. Small temporary hospitals should be established, fully equipped with physicians, nurses, telephone communication, and an ambulance. All that cannot be properly cared for at home should be immediately removed to a hospital.

Those who have battled with epidemic Asiatic cholera in its most malignant form at the homes of those affected, can testify that absolute quarantine prevents its entrance, thorough disinfection exterminates it, and proper treatment carries a very large proportion of even the severest cases to recovery.

STANDING COMMITTEES, MICHIGAN STATE MEDICAL SOCIETY.

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" Donald A. McLean,	Stanton.
" John Flintermann,	Detroit.

If circumstances compel any of these committeemen to decline the appointment, it is requested that early notice be given the president, that the vacancy may be at once filled.

It is also requested that members intending to present papers at the meeting in June next, will, if practicable, give early notice to the chairman of the proper committee, not later than May 1st, for convenience of arranging the programme of arrangements.

Dr. E. P. Christian, President.

THE FERRAN BUBBLE BURST.

Almost any theory, however preposterous it may seem *a priori*, will attract attention if urged boldly and persistently, and the boldness and the persistency of FERRAN won for his claims a consideration which it could not otherwise have received. *A priori* it is phenomenally absurd. Were cholera a disease one attack of which exhausts the liability to subsequent attack, as in the case of smallpox, scarlatina, etc., FERRAN'S so-called inoculation with the modified cholera virus would have commended itself to reason, but reasoning from our knowledge of the disease, it is preposterous on its face. The methods of the Spanish charlatan won for it, however, a great deal of notoriety.

But the bubble has now completely collapsed, and FERRAN stands forth in his true colors, as an unprincipled quack. His claim that his inoculations, which were performed by the thousand and even tens of thousands, granted immunity from the scourge, has been shown by the inflexible logic of events to be baseless and wicked in the extreme. He preyed with the rapacity of the most characteristic American quack (who is usually held to be the most pronounced of his species). Through his boldness, effrontery and plausibility, he won the ear of learned societies abroad, and with the acuteness of his kind, turned the advantage thus gained to his profit.

In a communication to the Chicago Tribune, an American student of KOCH gives an account of a visit to this Spanish sharper. After introducing himself to FERRAN, our compatriot requested some information as to his method. He was promptly informed that it was his (FERRAN'S) private property and would not be divulged except to his own government and then for a sufficient pecuniary consideration. With this information he was somewhat unceremoniously shown to the door. Disguising himself as an artisan he called on the quack a few hours later, and submitted to an inoculation. An incision was made in the arm above the elbow, and a waxy piece of matter was introduced and secured in place by means of an adhesive plaster and bandage. Three pills were also given, with instructions to take one after 36, 72, and 108 hours, respectively. Our friend hurried out of the hospital as fast as the crowd in the place would permit, and in about 20 minutes found himself in his room at the hotel. Here he tore off the bandage and plaster and removed as much of the "virus" as was possible after that lapse of time. An analysis showed it to contain elaterium, croton oil, vaseline and perhaps other ingredients. The pills were made up of the same constituents.

The communication concludes with an expression of surprise at such a stroke of smartness in a Spaniard, and with an humble hope that FERRAN is not a Yankee in disguise. The thing has the flavor of wooden nutmegs decidedly. At any rate, the man is a genius, who can gull thousands and attract universal attention by taking in vain the name of the cholera microbe, and physicking people so deftly that they have the redeeming symptoms of a disease that will not be trifled with in any such way. It is barely possible that if such a monstrous and wicked humbug were detected in some sections of this country during an epidemic of cholera, he would take his departure to the happy hunting grounds with his boots on.

STATISTICS.

The saying "figures don't lie," has developed almost into an axiom. But figures are forced to lie, very frequently, nevertheless, and in no direction are illustrations more plentiful than in that of statistics. The thousand-and-one religious sects, many of which are almost diametrically opposed to each other in their beliefs, all go back to the Bible, the infallible book, for their foundation and justification. While the sacred book may be a consistent and truthful record of events and an infallible guide to conduct, when read by one whose mind is of the proper depth and breadth, the narrow and shallow mind has made it to lie often and contumaciously. And it is precisely so with the figures of statistics. With a mind keyed to truth they are valuable aids and guides, but when handled by a mind with a preconceived theory to sustain, they are truthful or mendacious according to the truth or falsehood of the theory. It is a question whether they have been helpful or otherwise in medicine. The facility with which they may be twisted to suit any purpose has made them mischievous as well as beneficial at times.

In the course of a recent editorial which touched on the question of collecting statistics, the Medical News inquired, how often does the series of questions which the seeker presents you, show that he is endeavoring to sustain a particular plan of treatment, instead of being, for the time, an intelligent, just and unbiased judge; or else it contains interrogatories, some pertinent, some impertinent, hypotheses probable and improbable, consistent and inconsistent. It then gets off the following burlesque: Dr. A., for example, is preparing to read a paper upon diarrhœa before a local, state or national organization, and his questions run possibly somewhat like this: How many cases of diarrhœa have you seen in your ten, twenty or forty years of professional life? Was heredity a factor in the production of the disease? If your answer is negative, do you not believe it might be in some cases? Do

you believe microbes are the essential cause of the disease? If green apples were the exciting cause, specify the number, kind, and size of the apples; if the disease was attributed to "teething," please state the particular teeth concerned. What were the thermometric, barometric, and ozonic observations made when the disease was most prevalent? Do you believe that the induction of premature labor is advisable in some cases of obstinate diarrhœa? If premature labor be induced, would you use two ligatures or one for the cord? Please give the hygienic and therapeutic means which you have found most successful in the treatment of diarrhœa. Have you ever used germicides in the treatment?

This is, however, scarcely a burlesque after all, for we have seen it almost duplicated in sober, downright earnest. Some of the inquiries sent out by some Boards of Health, for instance, are quite as amusing, and scarcely more relevant. But the published replies answer an admirable purpose in swelling the volume of the transactions.

THE PNEUMONIA-COCCUS OF FRIEDLANDER.

Dr. George M. Stereberg, U. S. A., in a paper which appears in the July number of the American Journal of the Medical Sciences, calls attention to the so-called pneumonia-coccus of Friedlander, which he claims is, in fact, indentical, specifically, with a micrococcus which he previously described, and which is found in normal human saliva, and with that found by Pasteur in the blood of rabbits which had been injected with the saliva of a child which died of hydrophobia in one of the Paris hospitals. The micrococcus he names *Micrococcus-Pasteuri*. The capsule, or mucous envelope, which sometimes surrounds this micrococcus, described by Friedlander in 1883, and photographed by Sternberg two years previously, cannot be accepted as a distinguishing character of this species, inasmuch as it is not constantly present, and the circumstances upon which its development depends have not been accurately determined. It is established that this is a pathogenic organism, as far as certain lower animals are concerned, and that its pathogenic power varies under different circumstances. It seems extremely probable that the micrococcus is concerned in the etiology of croupous pneumonia, and that the infectious nature of this disease is due to its presence in the fibrinous exudate into the pulmonary alveoli.

But this cannot be considered as definitely established by the experiments which have thus far been made upon lower animals. The constant presence of this micrococcus in the buccal secretions of healthy persons indicates that some other factor is required for the development of an attack of pneumonia; and it seems probable that this other factor acts by reducing the vital resisting power of the pulmonary tissues, and thus making them vulnerable to the attack of the microbe. The supposition enables us to account for the development of the numerous cases of pneumonia which cannot be traced to infection from without. The germ being always present, autoinfection is liable to occur whenever from alcoholism, sewer-gas poisoning, crowd-poisoning, or any other depressing agency, the vitality of the tissues is reduced below the resisting point. We may suppose also that a reflex vaso-motor paralysis, affecting a single lobe of the lung, for example, and induced by exposure to cold, may so reduce the resisting power of the pulmonary tissue as to permit this micrococcus to produce its characteristic effects.

Again, we may suppose that a person, whose vital resisting power is reduced by the causes mentioned, may be attacked by pneumonia from external infection with material containing a pathogenic variety of this micrococcus having a potency, permanent or acquired, greater than that possessed by the same organism in normal buccal secretions.

THE INFLUENCE OF COCAINE, ATROPINE, AND CAFFEINE ON THE HEART AND BLOODVESSELS.

There are few known drugs that have, within such a short space of time, risen from comparative obscurity to such practical as well as theoretical importance as cocaine. Its great value as a local anæsthetic, and its wide application in all the branches of medicine and surgery, together with our comparative ignorance in regard to many points of its action on the animal organism, are sufficient to attract attention to a valuable experimental paper on the influence cocaine, atropine, and caffeine on the heart and bloodvessels, by Dr. H. G. Beyer, U. S. N., which appears in the July number of the American Journal of the Medical Sciences.

Dr. Beyer finds: 1. That cocaine is exceedingly prompt and uniform in its effects upon the heart. 2. In small doses it is a powerful stimulant to the heart's action. 3. In medium doses it has an inhibitory influence over the ventricular contractions. 4. In large doses it produces diastolic arrest, from which, however, the heart may be recovered under suitable conditions. 5. In small or large doses it produces contraction of the bloodvessels, independent of the central nervous system. 6. A rise in the blood-pressure, consequent upon the administration of cocaine, is due to a direct action of

the drug on the heart and bloodvessels, stimulating the former and constricting the latter; a fall in blood-pressure coming on after the rise, must be accounted for by the action of cocaine on the heart alone, since its constricting influence on the bloodvessels outlasts the stimulating influence it exerts over the ventricle of the heart.

1. That atropine, in certain doses, increases the rate of beat of the heart, and also the amount of work done. 2. That it exercises an inhibitory influence over the contractions of the ventricle. 3. That it first causes a contraction and afterwards a dilatation of the bloodvessels. 4. That cocaine acts on atropized vessels in the same way that it does on normal ones, *e. g.*, it causes their contraction.

That caffeine in small as well as large doses produces dilatation of the bloodvessels in the terrapin; any rise in arterial pressure due to caffeine is, consequently, to be explained only by the stimulating effect caffeine exerts on the heart itself.

KOLA.

The Bulletin General Therapeutique, of January 15, 1885, contains an exhaustive article covering a physiological and therapeutical study of this drug, by DR. MONNET, Chief of Clinic at the Faculty of Medicine, at Lille, and undertaken at the instigation of M. DUJARDIN-BEAUMETZ. It divides the subject as follows:

1. With reference to botany and history; 2. With reference to the physiology of kola; 3. With reference to the general therapeutics of kola; 4. Therapeutic application.

The following is an epitome of the conclusions reached: 1. Kola, through the caffeine and theo-bromine which it contains, is a tonic to the heart, the beats of which it accelerates; it increases its dynamic force and regulates its contractions. 2. A second phase of its action, similar to that of digitaline, proves it to be a regulator of the pulse, which revives under its influence, the pulsations becoming fuller and less numerous. 3. In consequence of its action upon arterial tension, diuresis is increased, and, consequently, kola can be employed to good advantage in cases of dropsy, with cardiac lesion. 4. It might be deduced from observation that kola, which acts energetically upon cardiac contractions and upon the contractility of muscles of organic life, would, on the other hand, have a paralyzing influence upon the striated muscles, when it is used in toxic doses. 5. It retards tissue metamorphosis and diminishes the excretion of urea resulting from decomposition of azotic substances, very likely by exerting a special action upon the nervous system. 6. It is a powerful tonic, through the principles which it contains, and its employment is indicated in cases of anæmia, in chronic affections of a debilitated form and in convalescence from acute disorders. 7. It favors digestion, either by augmenting the secretions of the gastric juice (eupeptic), or in acting on the smooth fibres of the stomach, which it would render less atonic in cases of dyspepsia. Under its influence rebellious anorexia disappears and the digestive functions become more regular. 8. Finally, it is an excellent anti-diarrhœa remedy and has rendered great service in chronic diarrhœa or sporadic cholera, although its action could not be explained physiologically.

TREATMENT OF THE THIRST OF FEVERS.

SURGEON-MAJOR S. K. COTTER gives, in the Indian Medical Gazette, what seems to be a valuable hint in the treatment of the thirst of fevers, a thirst which is usually out of all proportion to the demands of the system for fluids. A patient suffering from enteric fever was awakened every ten minutes by the dryness of his tongue, which was parched and covered with sordes. The tongue was painted with glycerin, and, as a result of the first trial, sleep was maintained for two hours; when the patient awoke his tongue was again painted and with a similar result. The doctor ventures several theories to account for this favorable action, but neglects to refer to the strong affinity of glycerin for water, which, doubtless, explains its favorable action.

CHEKEN IN RHEUMATISM.

Cheken, originally introduced by DRS. RINGER and MURREL, of London, as a remedy for the "winter cough" of old people, is, probably, possessed of other valuable properties. In a letter from DR. H. H. RUSBY, botanist for PARKE, DAVIS & CO., and now in Valparaiso, Chili, the doctor states that cheken enjoys a high reputation as a remedy for rheumatism. The sudden and great climatic changes of that country make rheumatism very prevalent, and the drug is extensively employed for its relief. It is taken internally, and applied externally by means of a bath of hot water in which twigs of the shrub have been infused. In the absence of the twigs we suppose the fluid extract might be employed.

Notes.

The London Medical Times concludes an editorial article in which it reviews the squabble anent the International Medical Congress in this country, with the following paragraph: We do not wish, and we hope no one on this

side of the Atlantic will attempt, to revive the memories of the celebrated dispute on the Codes. We believe that the late DR. PANUM, the lamented President of the Copenhagen Congress, distinctly insisted, when the invitation to America was accepted, that the Code question should not be raised; and we feel that a very large majority of English and Continental practitioners will refuse to cross the water if this understanding is not rigidly kept to. They will feel, too, that if they go to Washington they can only go as the guests of an undivided profession. A Congress from which the most distinguished representatives of American medicine were excluded, or had withdrawn, would not be worth going to as a scientific meeting, while the remembrance of the bitterness and heart-burnings which had attended its organization, would rob its social attractions of all their charm. It would be like feasting with a man, while his wife, unjustly divorced, stood in the street watching. We can assure our American readers that, in the present case, the best English sympathies will be with the wife. The men whom English visitors, if they go, will go to hear and see, are the very men who have been elbowed out of the Congress. The scientific success of a Congress does not depend on numbers but on quality. The profession of America is, no doubt, rich in numbers, as well as in scientific activity, but it is not so rich that it can afford to play all Europe with only pawns on its side of the board.

The Canadian Practitioner complains that several prominent physicians of the Dominion consult with homœopaths. The Peoria Medical Monthly asks, in reply to the complaint: "Well, how are you going to help it?" It says that in Peoria probably half of the regulars meet with homœopaths in consultation, and believes the same to be the case in all large cities. "Talk about ethics!" ejaculates our contemporary, "but our observation is that the majority of doctors will go where the almighty dollar leads the way." We know of instances in Detroit, in which members of the American Medical Association in good standing, and sticklers for the code, withal, regularly meet with homœopathic physicians, so called, in consultation, and we know of others who have not met them, for no other reason than that the opportunity has not offered. We do not, however, trace the motive in these cases to the almighty dollar, exclusively. The provision of the code on this question is like many laws on the statute books, to which all good citizens subscribe, a dead letter, and physicians are beginning to feel more and more that it is their duty to answer all calls upon their skill, in the interests of suffering humanity.

A correspondent narrates the following as an actual occurrence: A young man, fresh from college, whence he came with honors and medals, was sent by his father, a practitioner of fifty years' standing, to attend a case of labor. The woman was in the throes of labor, but the young man on making digital examination found the os undilated. After waiting an hour, another examination showed no improvement. He then applied belladonna ointment, and sought to use forcible dilatation. But another hour passed by, and in spite of faithful work on the part of mother and doctor there was no dilatation. Becoming alarmed, the young man went after his father for assistance, but before he returned with the old man the child was born. He could not understand how such a thing could have happened. The old gentleman on examining the child discovered how it all was. The child's anus was red and patulous, and was liberally besmeared with unguentum belladonnæ. The worthy son of the noble sire had struck a breech presentation, and had actually mistaken the anus for an undilated os!

The origin of names is sometimes amusing as well as interesting, and the names of drugs furnish frequent illustrations. The latest has reference to Damiana, and comes to us through DR. THACKERAY, who got it from MR. CAHILL, Mexican Consul at St. Louis. MR. CAHILL vouches for it as the Spanish version: An old fellow, well-preserved as to all his physical parts save one, was induced by some friends to try the effects of turnera aphrodisiaca for that defect. The action of the drug proved to be most characteristic. After exhausting the resources of his own household he, like ALEXANDER, sighed for other worlds to conquer. He had unbounded confidence in his virility. Now there lived in his town one ANNA, a courtesan, of great reputed powers in her special line, and the old man in the exuberance of his rejuvenated passion, desired to encounter her. He therefore exclaimed "Da-mi-ANNA," which being translated means "Bring me ANNA;" *da* being the imperative of the Spanish verb *dar*, to bring.

DANIEL'S Texas Medical Journal prints among the complimentary notices of the new venture the statement of the Denver Medical Journal that it (DANIEL'S T. M. J.) is the "Mephistopheles of medical journalism." If brother DANIELS had been familiar with CARLYLE'S estimate of Mephistopheles, he might not have regarded his Denver contemporary's salutation as complimentary: "Mephistopheles comes before us, not arrayed in the terrors of Cocytus and Phlegethon, but with natural, indelible depravity of wickedness. He is the Devil, not of superstition but of knowledge.

Such a combination of perfect understanding with perfect selfishness, of logical with moral death; so universal a denier, both in heart and head, is undoubtedly a child of darkness, an emissary of the primeval nothing, and may stand in his mere spiritual deformity at once potent, dangerous, and contemptible, as the best and only genuine devil of these latter times."

London Cries has the following verbatim report of a medicine-hawker's harrangue: "You know, sir, bad spirits means that the liver is out of order. The doctors give you a deadly mineral pizen, which they calls blue pill, and it certainly do pizen 'em, but then you run the risk of being pizened yerself. You noticed the 'oles in a sheep's liver, arter its cut up, 'aven't you? Well, them 'oles is caused by slugs, and 'uman bein's is infested just the same. So is awsiz (horses), but they don't never take no blue pill. Catch 'em! The doctors knows all about it, bless yer, but they don't talk so plain as me. *I* calls this out-'o-sortish 'slugs in the liver,' and pizens 'em with three penn'rth of dandelion tea, for which I charges thrippence. *They* calls it 'sluggishness of the liver,' and pizens 'em with a penn'rth of blue pill, for which they charges a guinea, and as often as not they pizens the patient too."

And finally resignations of appointments made by the Chicago committee on the International Medical Congress have commenced to come in from Michigan, DRS. E. S. DUNSTER and HENRY SEWALL, of the University of Michigan, having declined to serve. Had anything been lacking to convince the profession of the injustice perpetrated by the American Medical Association toward the original committee, the hiatus no longer exists. When a Michigan man resigns an office, there must be something radically rotten somewhere in Denmark. It has been the peculiar boast of Wolverine office-holders that few die and none resign, and it has always required pretty vigorous effort to kick them out. The Wolverine could give even the Buckeye, points on tenacity in this direction. Should the Association now any longer hesitate to back water, it must be given up as hopelessly incorrigible.

No. 1, Vol. 1, of DANIEL'S Texas Medical Journal, of Austin, Texas, has sailed into this port. It is a very florid journal—it is painted blood-red, and it is freighted with a red-hot cargo. Its salutatory is exceedingly nautical, the well-worn simile of the frail bark launched upon a treacherous sea, being worked up with an attention to detail which suggests the idea that the writer must, at some period of his ante-editorial life, have sailed before the mast. We cordially seize it by the hand (that is if a bark have a hand to seize) and bid it welcome. If the world should chance to forget that there is such a state as Texas, our brother DANIEL will never be blamed for permitting the lapse of memory. His state pride is as pronounced as is his loyalty to the code.

In spite of the wholesale declinations of appointments made by the Chicago Committee, and the wholesale condemnation by the medical press both of this country and England, the "Father of the American Medical Association" stands unmoved, and through the columns of his journal pours volleys of invective on the malcontents. He refuses to admit, or to see, that either the Association or its Committee has committed an error in its conduct of the matter. In the meantime the breach is widening, and the course of the Journal makes it weekly more improbable that the meeting at St. Louis next year will do aught to restore harmony in the profession. What will the harvest be?

DR. STILLÉ in his monograph on cholera, makes mention of many of the extraordinary theoretical and practical divagations to which each invasion of the disease gives rise. One English practitioner suggested the putting of the patient on his back on a board and keeping up a rocking, see-saw, to-and-fro movement from eighty to a hundred times a minute. This, he maintained, would keep the blood circulating and prevent stagnation. This recommendation is, however, eclipsed by that of an American doctor, which was to plug the anus with a soft velvet plug. Our compatriot gravely held that this was more effectual than astringents in checking the diarrhœa.

Daniel's Texas Medical Journal claims for DR. SAMPSON, and for Texas, the credit of priority in advancing the hypothesis that cocaine "produces vaso-motor spasm of the terminal nerve filaments, and thus empties the engorged capillaries of their turgescence, cutting off nerve and blood supply, and starving the new growth." It was by doing this, it inmates, that the drug cured General Grant's cancer. Unfortunately for the hypothesis, General Grant died before the ink in which the claim was made was fairly dry.

The Medical Record intimates that the best way to kill homœopathy is to absorb it. Any attempt, it says, on the part of a body of physicians to combine to try to take away the right of the individual to consult with whom he pleases, will fail in the future as it has done in the past. The best way is to show the people that rational medicine is the best, and includes all the good in homœopathy or any other pathy.

A writer in El Siglo Medico strongly recommends the following as a means of relieving the discomfort attendant on a cold: Take about one drachm of powdered camphor, pour over it a pint of boiling water, and inhale for from ten to twenty minutes the fumes which arise therefrom. The first application is said to bring great relief, and two or three are usually sufficient to entirely dispel the discomfort.

The Medical and Surgical Reporter tells of an antivivisectionist crank who declares that the meanest devil in hell knows more than the entire British Medical Association. Inasmuch as this crank is a clergyman, it is presumed that he knows whereof he speaks, for, of course, like the late MR. WASHINGTON, he could not tell a lie.

The N. Y. Graphic regards sclerosis of the liver as a more fatal complaint than a similar affection of any other organ. It says a man may have a hard head, or conscience, or heart, and live for many years, but few men survive a hardened liver for more than a year or so at the outside. Such confusion of pathology with figure, though witty, is misleading.

During a consultation of physicians, a doctor, who, though lacking a college education, has the—to his mind—superior qualification of experience gained in fifteen years of practice, gravely stated his diagnosis to be "gall on the liver," and, judging from the amount of gas he had heard escape from the child's bowels, it was evident it also had a severe gastritis.

According to a writer in the Pharmaceutische Zeitung, a wash composed of equal parts of glycerin and lactic acid, is an effective application for the removal of moth and freckles. It possesses the negative advantage, also, of doing no harm to the skin.

MISS LOUISE M. ALCOTT remarked on the occasion of a trip on an Atlantic steamer: "They name ships Asia, Persia, and Scotia; I wonder why it doesn't occur to somebody to name one Nausea."

The Eastern Medical Journal, of Worcester, Massachusetts, will appear fortnightly in future.

Book Notices.

CHOLERA: Its Origin, History, Causation, Symptoms, Lesions, Prevention, and Treatment. By ALFRED STILLÉ, M. D., LL. D., Professor Emeritus of the Theory and Practice of Medicine in the University of Pennsylvania.
Philadelphia: LEA BROTHERS & Co.
Detroit: PHILLIPS & HUNT.

The threatened advent of cholera to these shores vests this monograph from the pen of one whose writings have long been authoritative, with additional interest. To be forewarned is to be forearmed, and if sanitary science be as exact as we are constrained to believe it to be, a repetition of the fatal epidemics which have raged in this country before preventive medicine assumed its present status, will be a reflection on the faithfulness of the profession and the good sense of the people. DR. STILLÉ writes from an experience with the disease in two epidemics, which he has supplemented by a study of the observations of observers and investigators abroad. He aims, while declining to accept the doctrine promulgated by KOCH and his followers, "to exhibit the specific nature of cholera by evidence drawn from its origin and mode of propagation; to disabuse the medical profession of the erroneous notion that the disease ever originates *de novo;* to maintain the necessity of 'quarantine,' not in the literal but in the official sense of that word; to point out the channels through which cholera may be diffused; and to describe the measures which experience has sanctioned to prevent its dissemination, and to cure those who are attacked by it."

The book opens with a compendious history of the disease. It combats the belief, sought to be founded on the writings of HIPPOCRATES, GALEN and CELSUS, that cholera was known to these fathers. Although, doubtless, known in India from a very remote date, no detailed account of the disease appeared until the beginning of the sixteenth century. The several epidemics in this country are fully discussed as to their origin and spread. Invariably they are traceable back to India or Bengal.

Cholera is always associated with a high atmospheric temperature, the only apparent exception being its occurrence in several Norwegian, Swedish, and Russian cities during the winter months. The exception is, however, held to be apparent rather than real, for owing to the intense cold of the winter months in those countries, the houses are closely sealed and a high temperature maintained by huge stoves, which hinder ventilation, and, indeed, render it impossible.

The specific cause, whatever it may be, is introduced into the intestinal canal by means of the gastro-intestinal discharges, either moist or dry; in the former state by means of drinking-water, and in the latter through the air, whose suspended noxious particles are received into the fauces and swallowed. There is reason to believe that the poison does not enter into the system through the lungs or any other channel than the intestines.

The symptomatology of the disease is fully discussed, as is also the differential diagnosis between it and cholera morbus. In spite of a general likeness between the two diseases, the

author maintains that they are distinct affections, with sufficient difference in their symptoms to distinguish them. To our mind, however, he does not make their distinction sufficiently clear for the needs of the general practitioner.

Nothing new is given us by way of prophylaxis. Personal hygiene and general sanitation are held to be doubly beneficial. They prevent the development and entrance of the germ into the intestines, and inspire a mental condition which further fortifies the system against attack, fear being a depressing influence of baneful tendency.

The chapter on treatment is full and exhaustive, supplementing a discussion of the plans found most successful in the experience of others with that which he himself advises. In common with most other writers, he insists on the importance of checking the premonitory diarrhœa.

The conciseness of the book combines with its thoroughness to make it a most excellent work on its subject. It comes in the nick of time and will have a large sale.

A TREATISE ON ASIATIC CHOLERA. Edited and prepared by Edmund Charles Wendt, M. D., Curator and Pathologist of the St. Francis Hospital, and the New York Infant Asylum; Member of the N. Y. Pathological Society, of the N. Y. Neurological Society, etc. In association with Drs. John C. Peters, of New York; Ely McClellan, U. S. A.; John B. Hamilton, Surgeon General, U. S. M. H. S: and George M. Sternberg, U. S. A. Illustrated with maps and engravings.

POISONS: Their Effects and Detection. A Manual for the Use of Analytical Chemists and Experts, with an Introductory Essay on the Growth of Modern Toxicology. By Alexander Wynter Blyth, M. R. C. S., F. C. S., etc., Public Analyst for the County of Devon, and Medical Officer of Health and Public Analyst for St. Marylebone. With Tables and Illustrations. Vol. I.

The above two volumes are, respectively, the May and June numbers of WOOD'S Library. The first is a very timely book, and the names on its title-page will create for it a demand which will be somewhat restricted because of the rule governing the sale of the library, which forbids the separate sale of any of its volumes.

DR. JOHN C. PETERS discusses the history of cholera, showing an exceptionally thorough acquaintance with the literature of the disease, and tracing it back to its earliest appearance, follows it in detail through all the epidemics which are known to have occurred.

DR. ELY MCCLELLAN confines himself to the history of epidemic cholera as it has from time to time affected the army of the United States, commencing with its outbreak among the troops stationed at Detroit during the Black Hawk war, in 1832. The subsequent epidemics occurred in 1848, 1849, 1850 to 1857, 1866, 1867, and 1873.

The Etiology of Cholera is discussed by DR. WENDT, as are also the Symptomatology, Pathology, Diagnosis, and Treatment. The Prophylaxis of the disease is treated of by DRS. STERNBERG and HAMILTON. DR. WENDT reviews in a masterly manner the various theories which have from time to time been propounded, touching the nature of cholera. He dismisses the majority of them with little more than a mention, but devotes considerable space to the parasitic theory, and the views and researches of NEDSWETSKY, PACINI, MACNAMARA, PETTENKOFER, EMMERICH, and KOCH. The conclusions which he draws from his study of these theories are as follows: Cholera originates in India, where alone it is endemic, and is carried to this country through no other agency than human intercourse. Its specific cause is an organized body capable of rapid multiplication, both within and without the human body. Certain animals are susceptible to the disease, which may be communicated to them. General, local, and medicinal conditions, while not capable of originating the disease *de novo*, favor both its outbreak and dissemination. The choleraic virus acts first and with greatest intensity upon the intestinal portion of the alimentary canal. The disease may be spread by personal contagion, but its dissemination by fomites is by all odds the most common method. The air is only quite exceptionally the means of conveyance, water channels being the usual bearer.

The chapter on treatment is the least satisfactory of any, and necessarily so, with the feeble light which experience has thrown on this subject: The necessity of checking the prodromal diarrhœa is emphasized, and this can be quite readily done by means of the usual remedies for diarrhœa due to relaxation. FERRAN'S experiments in the line of prevention by means of inoculations are not condemned with that vigor which should have marked the author's utterances thereon had the developments since the book was written been in the author's possession.

A more exhaustive treatise on cholera does not, we believe, exist, and we think the publishers have made a mistake in not giving it to the profession as a separate book. They will, probably, be constrained to do so should the disease actually reach our shores.

Of BLYTH'S treatise on poisons we shall refrain from speaking until the appearance of its next volume.

URINARY AND RENAL DERANGEMENTS AND CALCULOUS DISORDERS, with Hints on their Diagnosis and Treatment, by Lionel S. Beale, M. D., F. R. S., F. R. C. P., Examiner in Medicine of the Examining Board in England, appointed by the Royal Colleges of Physicians and Surgeons; Professor of the Principles of Medicine, and formerly Professor of Pathological Anatomy, and of Physiology, and of Morbid Anatomy, in King's College, London; Physician to King's College Hospital. 8vo., pp. 356; $1.75.
Philadelphia: P. Blakiston, Son, & Co.

Dr. Beale is a prolific author, his writings being chiefly in the direction of biology and microscopy, on which subjects he is a standard authority. Nothing that he has contributed to the profession, however, will take higher rank in the estimation of the working physician than the book before us. Although of comparatively small size, it must not be classed with the "short cuts" to a knowledge of renal disorders, of which there are so many on the market. It is a complete and systematic treatise to which there is none superior in the language, fully sustaining the author's reputation for thorough work. A study of it will throw much light, not only on local troubles of the genito-urinary tract, but will also greatly assist in the diagnosis and treatment of constitutional disturbances dependent on the cause of such disorders.

Touching the subject of albuminuria, which, in the opinion of some, is not always a grave symptom, but which may exist within physiological limits, Dr. Beale says: "I should certainly decline to recommend such cases of very slight albuminuria for life insurance, until at least one year had expired after the observation, the urine having been examined at intervals during that time, and found invariably free from albumen." This we believe to be sound advice, the opinion of many to the contrary notwithstanding.

The book is replete with practical hints, based always on a rational foundation and not mere empiricisms. It is such a work as the intelligent practitioner ought to carefully read to get at its full scope and usefulness, as the title does not convey an adequate impression of its real value. It is valuable not only for its direct statements, but also for its suggestiveness. We warmly commend it to the notice of our readers.

Formulary.

COCAINE BY INSUFFLATION AND INHALATION.

Dr. Schnitzer (Gazzetta degli Ospitali, June 28, 1885,) recommends the following formula of cocaine for

(*a*) Inhalation:

℞ Cocain. hydrochlor., gr. xvj to ʒ ss.
Potassii chlorat., ʒ ij.
Aquæ laurocerasi, f ʒ ss.
Aquæ dest., f ʒ xij.

(*b*) Insufflation:

℞ Cocain. hydrochlorat., gr. xij to xvj.
Morphinæ hydrochlorat., gr. vj.
Bismuthi subnitrat.
Sacch. alb., ää ʒ j.

—*Medical News.*

ANTISEPTIC INHALATIONS IN PULMONARY TUBERCULOSIS.

Miguel (*Bull. gén. de thérap.*) recommends the use of a spray containing the following ingredients:

Corrosive sublimate, 16 grains.
Sydenham's laudanum, 5 drachms.
Distilled water, 2 quarts.

Le Fort (Ibid.) prefers this combination:

Camphor, 8 ounces.
Tincture of iodine } each 30 drachms.
Pitch }
Hoffman's anodyne, 1 ounce.

This should be placed in a wide-mouthed bottle, and the vapor inhaled at short intervals.—*N. Y. Med. Jour.*, June 13th.

DIABETES.

Dr. Monin, Paris, uses the following:

℞ Liq. arsenicalis (Fowler).
Tinct. quassiæ
Tinct. nucis vomicæ, aa ʒ ss.

M. Sig.—Twenty minims after each meal; and

℞ Potass. bromidi, ʒ v.
Tinct. aloes, ʒ iv.
Tinct. camph. comp., ʒ iv.
Aq. destil., ʒ x.

M. Sig.—One teaspoonful at bedtime.

—*Med. World*, June.

UNGUENT FOR THE TREATMENT OF METRITIS.

Martineau (Revue de Thérapeutique, July 1, 1885,) recommends the following ointment in the treatment of metritis:

℞ Potassii iodidi, gr. lxxv.
Ext. belladonnæ,
Tr. benzoini, ää ʒ ss.
Sodii hyposulphit., gr. viij.
Ol. amygdalæ dulc., ʒ ij.
Adipis benzoinatis., ʒ vss.

M. S. Ft. unguent. Apply on wadding within the cervix.—*Medical News.*

INDELIBLE INK FOR PAPER.

Gelatin, 2 grains,
Bichromate of potash, 2 grains,
Nigrosine, 10 grains,
Water, 1 fluidounce.

Dissolve the gelatin and nigrosine in most of the water and the bichromate of potash in the remainder. Mix the two solutions in an amber-colored bottle. If it is found that the ink "gums" in the pen, the quantity of gelatin and bichromate may be reduced. When properly made, this ink cannot be entirely removed from paper by hot or cold water, acids or alkalies.

Medical Progress.

FLUID EXTRACT OF MANACA IN RHEUMATISM.—Report of cases treated at the Boston Dispensary Service of DR. G. M. GARLAND.—The following cases of rheumatism were treated with the fluid extract of manaca, in the men's room of the Boston Dispensary, during the winter of 1883. The extract employed was furnished gratuitously by PARKE, DAVIS & CO., with the request that its merits might be tested:

CASE I.—R. J. C., twenty-eight years of age, muscular rheumatism, acute attack. The left arm was much swollen from the wrist to the elbow, was tender, painful, and helpless. Patient also complained of his leg Temperature 98.2° F. Ordered salicylate of soda.

Nov. 7th.—No better. Stop salicylate of soda. Take fluid extract of manaca—fifteen drops every three hours.

Nov. 9th.—Reports that the leg is less lame, but arm is bad as ever. Increased the manaca to thirty drops four times daily.

Nov. 14th.—Swelling of arm is nearly gone. Ankle is better, but patient still walks lame. Patient says he took salicylate of soda for one week before applying to the Dispensary, but he perceived no benefit from it.

Nov. 16th.—Doubled the dose to sixty drops four times daily.

Nov. 20th.—Patient reported himself much better, but the arm is still somewhat swollen.

CASE II.—P. G., sixty-four years of age; laborer.

Nov. 10th.—Has had rheumatism for four months. Was all over him, but now is confined to the left knee and instep. Ordered manaca, fifteen drops four times daily.

Nov. 17th.—No improvement. Increased manaca to sixty drops.

Nov. 20th.—Still no improvement. Stopped manaca and gave him liquor potassii, which also failed to relieve him. Finally showed some improvement under the iodide of potash.

CASE III.—P. M., thirty-two years old; laborer.

Nov. 15th.—Has had rheumatism for three weeks. Confined to his bed with it for ten days. Is unable to work Pain in both heels and insteps, which makes him lame. Also pain in shoulders. Finger-joints swell. Pulse 78. Temperature 99 F. Ordered manaca, thirty drops four times daily.

Nov. 17th.—No improvement. Manaca, sixty drops four times daily.

Nov. 19th.—Reports himself a great deal better Ends of fingers still numb. Felt itchy every evening. Would like to tear them to pieces. Never troubled so before. Continue manaca, sixty drops.

Nov. 25th.—Reports no improvement. Instep and ankles very lame. Difficult for him to walk. Stopped manaca. Gave him liquor potassii, which he thought helped him more than the former.

CASE IV.—J. R. K., fifty-nine years old; wheel-wright.

Dec. 3d.—Acute attack; one week standing Began in the right arm. Abandoned that arm and went into the left arm yesterday. The left wrist is now swollen and red; the swelling extends some distance up the arm. There is great tenderness and continual pain. Patient could not dress himself this morning. Pulse 76. Temperature 98.5° F. Ordered manaca, thirty drops every three hours.

Dec. 6th.—Reports considerable improvement. Pain and swelling have left the hand. Can move his fingers now.

CASE V.—C. F. W., fifty-one years old.

Dec 4th.—Rheumatism began two months ago. Was in both arms, but is now limited to the left arm and hand. The hand is very much swollen. Cannot sleep at night on account of pain. Pulse 100. Temperature 98.5° F. Ordered manaca, thirty drops four times daily.

Dec. 5th.—Has taken four doses of the medicine and feels better. The hand is less swollen and more movable. Dose increased to sixty drops.

Dec. 12th.—Left arm almost entirely well. Right arm is now affected and is worse than the left one was. Pains him up to his shoulder. Renewed the manaca.

Dec. 26th.—Reports himself about well.

CASE VI.—J. D. D., fifty-one years old.

Dec. 10th.—Has been troubled with rheumatism for four weeks. Grown worse during last week. Pain is situated across the sacro-pelvic articulation. Patient has difficulty in standing or walking. Lies on the right side. Cannot lie upon his back. Never had rheumatism before. He aches when quiet, and more so on moving. Pulse 80. Temperature 98.5° F. Ordered manaca, thirty drops four times daily.

Dec. 12th.—Reports improvement. Can stand up straight now. Says the medicine makes him dizzy about half an hour after taking it.

CASE VII.—M. M., sixty-five years old; fireman.

Dec. 12th.—Never had rheumatism before. Yesterday was suddenly seized with pain in the right hip. Shot down into the calf of his leg and makes him very lame. Unable to work. walks with a cane. Could not sleep last night on account of pain. Appetite is poor and tongue is red. Pulse 74. Temperature 98.2° F. Ordered manaca, thirty drops four times daily.

Dec. 14th—Reports his hip improved, but the leg is still stiff. Limps on walking. Increase manaca to sixty drops.

Dec. 19th.—No improvement. Changed to salicylate of soda.

Dec. 22d.—Thinks the last medicine did him the most good.

Four cases of rheumatism were treated at the Carney Hospital with manaca. Two of the cases were old women over seventy years of age who had been complaining for a long time of rheumatic pains all over the body. No improvement in their condition was noticeable after the use of the manaca. The third case was a young woman of twenty-nine years, who had severe pains in her legs, from which the manaca gave her no relief. It was very doubtful if her pains were due to rheumatism, because there was partial loss of motion in the legs. The fourth case was a man of twenty nine years of age, who had suffered for six months with rheumatism. It affected his right knee at first. The pain and weakness attacked the right wrist until he was unable to work. He was discharged well after fourteen days' use of the manaca.

It will be noticed that all the above cases were non-febrile, as no case of rheumatic fever

presented itself during the trial of the drug. Some of the cases, however, exhibited severe local symptoms and great personal suffering. Of course, very few deductions can be drawn from such a limited number of trials, but it is safe to infer that the fluid extract of manaca does help some cases of subacute rheumatism, and therefore deserves a place among other remedies recommended for that class of diseases. It would also seem that the drug must be used in large doses—from one-half a drachm to a full drachm—in order to obtain satisfactory results. The remedy causes but little disturbance in the doses mentioned. Only one or two of the patients complained of feeling dizzy after using it.—*Boston Med. and Surg. Journal.*

A New Oxytocic.—W. B. Arbery, M. D., in the Medical Record, July 25, calls attention to the value of the external application of heat as an oxytocic as follows, viz:

Without any lengthy oxordium I will commence my subject by saying that I have discovered an oxytocic which to me is a new and original idea—not having read or heard lectures about it even. It consists simply of heat applied externally. I will briefly narrate a few cases to describe its potency.

I was called to a case of labor, a multipara, five miles in the country, just as daylight had faded. I found the patient walking around in the room, having irregular, short, teasing pains. I had her lie down, and I made the usual digital examination, finding the os quite patulous, with a vertex presentation and a dilatation about the size of a silver half-dollar. I folded my arms and waited for several hours, the patient continuing to have the same teasing, irregular pains. I again made an examination to find the smallest possible progress, but there was almost a complete inertia. Getting impatient, and having delivered her twice before, I knew the adaptability of the parts for the required task, and being satisfied there was no *vis a fronte* to antagonize a dose of ergot, I gave it, using a reliable tincture. After a proper interval I repeated the dose, and kept repeating until I had given one ounce, when finding the uterus did not respond, I had the patient walk around the room. Then I kneaded the womb well, and still getting no result I gave ten grains of quinine with a better result from that than anything I had done or given; it roused the uterus to a pretty energetic action for about thirty minutes, and ceased. I then gave a stimulating toddy, but all to no purpose, and daylight having arrived, I hastened home.

In a few hours a messenger came for me in haste to see my patient again. I returned hurriedly, only to find the patient plodding along at the same old pace without progressing one jot. Having increased my supply of ergot, I gave another ounce at two doses, but to no purpose. Finally I resolved to go again, but before going I thought of hot mush poultices, and decided to try them awhile to fill up time. I had them prepared nice and stiff, and had them applied over the fundus of the womb as hot as they could be borne, replacing them as soon as one became a little cool. To my great satisfaction, before the third poultice had been applied the pains began to come in full force and regularity, and in two hours after the pains started up, the labor had ended with a fine ten-pound boy. I kept the poultices up until the expulsion of the child.

Second case—a primipara with convulsions; had four before I saw her. Three miles from town; found labor just started with a vertex presentation. I gave chloral abundantly, bled her tolerably freely, gave twenty drops of veratrum at intervals, used chloroform inhalations, and still the convulsions would come with the labor progressing only at the minimum rate. It was impossible to use the forceps, and everything being so rigid, close, and compact I could not introduce my hand to turn, so I resolved to hurry nature with my hot poultices, and with my chloroform I stood at the patient's head and had the poultices applied fast and hot. In less than three hours after commencing the poultices, labor was over, with a long-headed, living, fine boy, and no laceration to the mother. She continued to have convulsions for ten hours afterward; then they ceased and she made a rapid recovery.

Third case—a multipara. I was called out before daylight, found labor barely commenced, but the patient reported as having been worried all night with short, teasing, irregular pains. I waited a few hours with no progress and the same character of pains. About four hours after my arrival the patient inquired what was the matter with her eyes ; she said she could not see me nor anyone else in the room I told her I would remedy that, and gave her a large dose of chloral hydrate. In less than five minutes after taking it she had a light convulsion. I waited half an hour for the effects of the chloral, and then commenced with hot poultices. In four hours I started for home, leaving the mother and child doing well.

Fourth case—a primipara with convulsions. I was called to see her with another physician and requested to bring my forceps and plenty of chloroform. I found a case of puerperal convulsions, having been in labor some five hours, convulsions having commenced in the latter two. The physician had bled her profusely, but it did not have the desired effect of checking the convulsions. The labor had progressed smartly, but after the convulsions set in there was almost a complete inertia—entirely so, so far as the progress was concerned, although she would have short, irregular pains. I advised my hot poultices for awhile rather than any instrumental interference, which advice was acquiesced in and the poultices were applied. They were given without any obvious effect for some time, and I had begun to get a little dubious about my hot poultices "at all times and under all circumstonces," until I discovered that they were placed near the pubes instead of over the fundus of the womb, and also that they were not hot enough. After correcting the error by putting the poultice higher and having them hotter, good steady pains commenced, and the labor was ended in less than two hours with a still-born babe.

As the cases demanding assistance are somewhat scarce, and my obstetrical practice not being extensive, and being anxious to test the certain utility of my "new idea," I write this to ask the profession to give it a trial and report, since, if it is what I think it is, it is certainly pre-eminently above all the oxy-

tocics for safety and simplicity, as the case can be hastened or slowed at option by simply putting on or withholding the hot applications. I do not mean warm, but hot as can be borne.

THE OPERATIVE TREATMENT OF ASTHMA.—Such is the title of an important and interesting paper read by DR. WILHELM HACK at the Fourth Annual Congress of Internal Medicine held last April at Weisbaden, Germany. This address forms the latest contribution to our knowledge of certain reflex phenomena which have been carefully studied by French, German, English and American rhinoscopists. We refer to certain neurosal conditions, notably hemicrania and asthma, which are found to be occasioned reflexly by diseased states of the nasal mucous membrane. Attention was first directed to this possibility by VOLTOLINI, who reported the cure of a case of asthma by the removal of a nasal polypus. Similar observations were subsequently made, and the subject was discussed, by Hänisch, Fränkel, Hack, Bresgen, Sommerbrodt, Porter, Daly, Todd, Spencer, Mulhall, Joal, Jacquin, Mackenzie, Eslberg and others in Europe and America. It was speedily discovered that not merely asthma and hemicrania, but also cough, supra-orbitral neuralgia, nightmare, chorea, epileptiform seizures, dizziness, palpitation of the heart, dyspeptic symptoms and other phenomena, attributable to vaso-motor disturbance might in rare instances have their point of departure in structural alteration or abnormal irritability of the nasal cavities.

For the most part these conditions are such as partially or wholly occlude the nares, as polypi; but HACK'S observations have shown that these reflex phenomena are not due, necessarily, to the polypi, that is, to any obstruction of the nasal orifice, but to irritability of the nasal tissues. In several instances he removed redundant and irritable portions of adjacent mucous membrane, leaving the obstructing new-growths *in situ*, and thereby achieved an immediate cessation of the asthma. Clearly then, the obstruction was not the cause of the mischief. In accordance herewith, SCHAFFER announced that reflex manifestations might accompany chronic nasal catarrh, and endeavored to account for the asthmatic complications as being reflex through the vagus, and not at all due to direct impediment to the free passage of air through the nasal fossæ, or to any chemical action of the polypi upon the inspired atmosphere, as was at first suggested.

FRANKEL went further than SCHAFFER and explained all reflex manifestations as dependent upon an abnormal irritability of the sensory nerves distributed to the mucous membrane of the nose. HACK accepts this theory as satisfactory in many cases, but believes in the majority of instances that the connecting link between diseased conditions of the nose and the reflex disturbances, accompanying them, is an acute or chronic turgescence of the turbinated bodies, particularly the anterior extremity of the lower turbinated body. Accordingly, he destroys these hypertrophied structures, with the galvano-cautery, in every case where their enlargement seems to be the disturbing element. In his paper before the Congress, he reports two hundred and forty cases of hemicrania which were cured by the operative treatment. Of seventy-eight cases of asthma, a large majority were entirely relieved. Space does not admit of a detailed account of some of his cases, and hence our readers are referred to the Berliner klinische Wochenschrift, Nos. 21 and 22. HACK'S statistics are so gratifying that it would be natural and excusable if young rhinoscopists were rendered wildly enthusiastic by the perusal of them, and should expect astonishing results to follow every operation for the removal of redundant tissue or new-growths within the nasal fossæ. Yet, HACK himself, out of a vast experience, depreciates, and warns against unbounded enthusiasm. While every rhinologist should be on the look-out for these cases, he must not be disappointed if he goes long without finding them.

HACK has undoubtedly explored this field of research the most thoroughly, and obtained the greatest fruits. Last year he published a monograph entitled: "Concerning the Operative and Radical Treatment of Certain Forms of Migraine, Asthma, Hay-Fever and Numerous other Allied Conditions." As it is beyond the scope of this article to review this monograph, we will only make a few extracts from the author's conclusions. Among conditions which reflexly occasion a turgescence of the turbinated bodies, he mentions pathological changes in the mucous membrane of the nose, or pharynx; excitation of nerves of special sense and sensory cutaneous nerves; disturbances of the sexual organs, as *e. g.*, menstruation; direct irritation as from dust, heat and cold. On the other hand, turgescence of the turbinated bodies occasions various phenomena of a reflex nature. And in many of these HACK attributes the symptoms to a vaso-dilator influence upon the vessels of the part. Thus, for instance, he explains flushing of the upper part of the face, hyperæmia of the conjunctivæ, and in one case an amount of redness and swelling of the skin which actually amounted to œdematous infiltration of the part concerned. The headache, lachrymation and other symptoms belonging to acute coryza and hay fever, he would also account for as reflex manifestations.

In conclusion of this highly interesting and important subject, we think a word of caution not out of place, and hence, quote the words of MORELL MACKENZIE. He says: "Whilst fully admitting that many reflex phenomena may arise from disease within the nose, I must caution the younger specialists that the various complaints, referred to as resulting from nasal difease, are much more frequently due to other conditions, and that every other possible cause must be eliminated before the nose is incriminated."—*Journal of the American Medical Association.*

A CASE OF RATTLESNAKE BITE SUCCESSFULLY TREATED WITH THE PERMANGANATE OF POTASH.—Doubtless some of the readers of the Journal have seen an article claiming the permanganate of potash as an efficient remedy in combatting the poison of cobra.

This plan of treatment was first instituted by an English surgeon, whose name I have forgotten, he receiving from the British government a large reward for its discovery. My attention

was called to this subject early in the summer of 1882, by an article in the Medical News of Philadelphia, and I determined to try this remedy, should the opportunity ever present itself, with the rattlesnake or moccasin. The following season I treated the case which I now present to your notice:

While practicing medicine at Graham, Appling County, Ga., I was summoned at sundown on the afternoon of the 31st of May, 1883, to attend JOHN MYERS, a farmer who had been bitten by a large rattlesnake. Being somewhat delayed in responding, I gave the messenger (the victim's son) a bottle of pure carbolic acid, instructing him to make all possible haste, cut deep down into the puncture made by the fangs of the serpent, and pour in some of the acid. Arming myself with a bottle of whisky (the procuring of which had caused my delay), and a bottle of permanganate of potash, I mounted a swift horse, and soon reached the bedside of the injured man, a distance of six miles from my office. I found him completely under the influence of the poison, the symptoms of snake-bite showing themselves in a marked degree; exceeding cardiac weakness, dilatation of the pupil, and great prostration. The directions given his son had been thoroughly carried out, and the wound was well cauterized. I at once attempted to give him some whisky, but found his stomach too irritable to retain it, he, unfortunately, through the advice of some friends, having swallowed a quantity of tobacco juice, which produced such nausea as to render furtile any effort to administer by the stomach.

I at once resorted to my hypodermic syringe, and gave a number of injections of whisky, inserting the needle deeply into the tissues of the deltoid muscle. Immediately following, I began with the permanganate of potash, dissolving 2½ grains in 30 minims of water, and injecting it into the tissues of the leg and arm; this I repeated every twenty minutes or half hour, alternating with whisky and an occasional dose of diluted spirits of ammonia.

I continued these remedies by the hypodermic method for three hours, when the pain of the sufferer became so great that I gave him the third of a grain of morphine, which somewhat relieved his restlessness. I continued my efforts, as described, for two hours more, when DR. JAMES H. LATIMER, of Hazelhurst, Ga., came to my assistance, and the result of our consultation as to prognosis was, that in an hour the case would terminate fatally, DR. L. remarking at the time that this was the twelfth case of the kind he had been called to, and the only one in which he found the patient alive when he reached him.

DR. LATIMER agreed with me regarding the treatment; we exerted ourselves for an hour longer, at the end of which time the patient had grown so much worse that we had abandoned all hope, and his relatives and friends assembled around his bed to await the fatal issue. Indeed, he had every appearance of immediate dissolution, and it seemed as though every breath would be his last. At this juncture I asked permission to make one more effort to save him; my request was reluctantly granted by his family. I then gave him a number of hypodermic injections of whisky, and perhaps one of sulph. ether, and afterwards the permanganate of potash. In a few minutes his condition was less alarming, and with renewed hope we urged the same treatment with such good results that at the end of two hours he was so much improved that I was permitted to leave him for a short time. This improvement continued, and by morning I considered him almost out of danger.

At 8:00 o'clock, being called away, I left DR. LATIMER in charge, and did not return until 5:00 o'clock in the forenoon. During my absence the syringe got out of order, and the milk that was given him was immediately vomited; however, I had another syringe and gave him one-third grain of morphine with a happy effect; he was soon able to take nourishment *ad libitum*.

There was considerable sloughing around the wound, but repair was rapid and his recovery uninterrupted.—B. HALL SMITH, M. D., in the *Atlanta Med. and Surg. Journal*.

[It would be interesting as well as profitable to know whether it was the whisky or the permanganate of potash, or both, that effected the cure in this case. Whisky is regarded as an excellent remedy for rattlesnake bite in some sections of the country.—ED. MED. AGE.]

TREATMENT OF SUNSTROKE; OR THERMIC FEVER.—No error can be fraught with more dangerous consequences than that of failing to discriminate between heat exhaustion and true sunstroke. The former is comparatively a mild affection, which does not differ in symptoms from any other form of acute exhaustion. It is characterized by dilated pupils, a cold, pale, and perspiring skin, a quick but feeble pulse, with great general prostration, and a tendency to syncope. Recovery ensues within twenty-four hours under rest and the administration of stimulants.

True sunstroke, or *coup-de-soleil*, is a far more terrible affection. It is characterized by contracted pupils, a hot, dry, and flushed skin, rapid, and forcible pulse, throbbing carotids, labored or stertorous breathing, with profound coma, or delirium and convulsions ending in coma. In the fulminant cases that have been observed, the unfortunate persons have dropped dead as if struck a mortal blow by an unseen hand. Contrary to the popular opinion, it is not necessary that the patient should have been exposed to the direct rays of the sun. For as was noticed by many distinguished observers, and practically demonstrated by DR. H. C. WOOD, Jr.,* in his experiments on animals, excessive heat and heat alone, is the essential factor in this disease. Many of the worst cases have occurred at night, in houses, in tents, and in narrow defiles, where the sun never entered, but where the atmosphere was hot and stifling. It is, therefore, a true fever, and, as suggested by DR. WOOD, should be designated thermic fever, as expressive of its exciting cause.

The treatment, which must be instituted promptly, can be summed up in three words: *reduce the temperature*. It is the extraordinary high temperature which is burning up the patient, and which, unless speedily reduced, will cause death by paralysis of the heart. He

*Thermic Fever, or Sunstroke, by H C. WOOD, Jr., M. D., J. B. LIPPINCOTT & Co., Philadelphia, Boylston Prize Essay.

should, therefore, be at once removed to a shady place in the fresh air, his head slightly elevated, and his whole body, especially his head and chest, kept deluged with ice-water. An ice-cap, in addition, should be applied to the back of his head, until his temperature and pulse have fallen. Aconite internally will also probably be found beneficial in controlling the circulation. Morphine, hypodermically, has been found to be of great value in cases characterized by restlessness and convulsions. If the attack has come on shortly after a meal, there can be no doubt of the propriety of at once unloading the stomach by an emetic. If the patient is insensible, apomorphia gr. $\frac{1}{10}$ may be given hypodermically. The Australian physicians produce emesis in these cases by the rectal injection of twenty grains of ipecac. They have always noticed an abatement of the symptoms as soon as vomiting began.—*Med. Bulletin.*

THE SUCCESS OF HYPODERMIC INJECTIONS OF QUININE IN MALARIAL FEVER.—The high price of quinine induced DR. A. SMIRNOFF (London Medical Record, June 15, 1885) to give an extensive trial to a long list of various substitutes for the classical anti-malarial drug. Carbolic acid, salicylic acid, burnt alum, tincture of iodine, tincture of eucalyptus, oil of eucalyptus, oil of turpentine, lemons, and faradization of the spleen, all were resorted to successively, and all of them gave uniformly negative results. With deep regret in regard to waste of time, the author returned to the exclusive use of quinine, striving at the same time to find out a most economical method of freeing the soldier from Bessarabian fever in that way. DR. SMIRNOFF thinks that he succeeded in finding something like the desideratum in the shape of hypodermic injection of hydrochlorate of quinine, the method which is at present practised by the author, to the exclusion of all other means. He injects six grains of the hydrochlorate (dissolved in half a drachm of distilled water) at a time, by means of Lewin's syringe, into the subcutaneous cellular tissue below the scapular region. In the course of 1884 he successfully treated in that way 470 malarial soldiers; the whole number of injections in individual cases were 9. Relapse after the subcutaneous treatment occurred decidedly more rarely than after the internal administration of quinine. That the hypodermic method is much cheaper than the internal way may be gathered from the following comparison: To cure 178 patients treated by the internal use of the alkaloid, the author has used 7,016 grains of sulphate of quinine, or 39.5 grains per head. To cure 470 patients treated hypodermically, he used 7,074 grains of muriate of quinine. Taking an eight-grain dose of the hydrochlorate as equivalent to a ten-grain dose of the sulphate, we have an average dose of nineteen grains of quinine in the case of the hypodermic treatment, against that of 39.5 grains in the case of the internal administration. The author never saw the appearance of any unpleasant phenomena at the spot of the injection, such as abscesses, sloughing, intense irritation. Pain was always trifling and of short duration. In some of the patients with very sensitive skin, there occurred bright redness, about three or four centimeters in diameter, but it quickly disappeared spontaneously. As to the essential advantages of the hypodermic method (besides cheapness), the author points to its applicability at any stage of the disease, and to the sure and safe assimilation by the patient's system of every particle of the drug used.—*N. Y. Med. Record.*

THE TREATMENT OF CHOREA.—M. JEFFROY, in a clinical lecture upon chorea, given at the Hôpital des Enfants Malades, Paris, advocates the prescription of chloral in this disease. He stated that in 1879 he administered the drug in two very severe cases in gramme doses every quarter of an hour until sleep was procured, the same dose being repeated whenever the child awoke. In that way he procured for the patient a continuous sleep, broken only twice in the 24 hours for the taking of food. The chloral was omitted in the one case at the end of four days, in the other at the end of five days, "not daring to prolong this deep and continuous sleep any longer." Marked improvement followed this somewhat heroic measure. His usual practice is to give chloral three times a day, and to continue it for a fortnight, a month, six weeks, or two months, according to circumstances—indeed, until a cure is effected. He has had no ill results from this treatment, and only occasionally has he observed a fugacious roseola or erythema, which lasted for 24 hours, and disappeared without discontinuing the drug. The object of this treatment is to procure as much sleep as possible, and the dose is of course proportioned to the age of the patient. Above the age of ten the daily dose is four grammes (*i. e.*, 60 grains) taken after meals, one gramme in the morning, one at midday, and two in the evening. Between the ages of six and eight the total amount must not exceed three grammes daily, and the quantity administered must be graduated so that the largest (evening) dose should produce sleep within a quarter of an hour; and, as stated, it is continued until the choreic symptoms have disappeared. By this method he claims not only to prevent the serious complications that arise in the severer cases, but to appreciably diminish the duration of the affection. Curative as M. JOFFROY believes chloral to be in its action, there are, he admits, some cases which resist its influence. These are severe and violent cases, and for them he employs the wet pack in addition to the sedative drug. The body being enwrapped in cloths soaked in cold water, vigorous rubbing is employed from head to foot; and when, after one or two minutes, reaction sets in, the patient, still enclosed in the pack, is completely enveloped in wool and left there for half an hour. This measure is always followed by a period of repose, the child generally passing into a deep sleep, on awakening from which the choreic movements are much diminished. The same treatment is applicable to all cases.—*London Lancet*, July 11, 1885.

QUININE IN THE TREATMENT OF PNEUMONIA.—In the Journal of June 20th, DR. SUCKLING draws attention to the value of sulphate of quinine in the treatment of pneumonia, but states that he does not use it for

children. My object is to prove that it is of as much use in the treatment of children as I have found, and he has shown, it to be in that of adults.

M. E., a girl, aged five, was taken ill on April 28th. I was sent for on the 29th, and found crepitations everywhere except at the apices; temperature, 103°; pulse uncountable; respirations, 40 and 45. I treated this case by blistering and the usual remedies; but though the temperature fell to 101°, the pulse remained uncountable, and the respirations rose to 60 and 64. On the third day, the temperature being 104.5°, and the respirations 72, I gave a grain of the sulphate of quinine, with five grains of salicylate of soda every two hours. After three doses the temperature was 99°, the respirations 45. Salicylate of soda I had been using before. I therefore attributed the fall in temperature to the quinine, and continued its use in three-quarter-grain doses until convalescence.

W. S., a boy, aged five, seen first on June 19th, had been ill four days. I found immense crepitation over the mammary and scapular regions of the right lung; temperature, 104.5°; pulse, 150; respirations, 39. I put on a large blister over the affected region anteriorly, and gave five grains of salicylate of soda with three-fourths of a grain of sulphate of quinine every two hours. After two doses the temperature was 99.2°; the following morning it was normal, and has not risen since.

These two cases show that the sulphate of quinine may be used with advantage in pneumonia in all stages, though certainly the best result may be expected from the early administration of the drug. Combination with salicylate of soda lessens that tendency to sickness often produced by quinine, and does not, in the least, interfere with its action. I have never found it necessary to give adults larger than three-grain doses of quinine under similar circumstances, and, after three doses, have generally reduced the temperature to normal. In all cases of inflammation within the chest, I never fail to blister with cantharides as early and as freely as possible, with the best results.

James A. Myrtle, M. B., C. M.,
Harrogate.

—*British Med. Jour.*, July 4th, 1885.

Transplantation of Bone.—We learn from a lay contemporary that Professor Bergmann, of the Ziegelstrasse Hospital, Berlin, has recently had a successful case of transplantation of bone in the human subject. The operation is not new to science, for Ouiver of Lyons, and others, have shown that in the lower animals portions of bone may be readily grafted on to a freshened surface. As in all other measures taken with a view to the restoration of lost tissues or members, the difficulty increases as the scale of development is ascended; or, in other words, the more highly organized and specialized the elements of a part, the less is the tenacity of their life. There is a certain amount of energy distributed in the body for growth, development, and repair, with discharge of functional activity. At first sight it seems surprising that transplantation of bone has not been more extensively practiced on the human subject. The explanation is simple and ready to hand. In cases of fracture, even with loss of substance from detachment of splinters, nature is full of resources for replacing the necessary material; and again, it is well known that the entire shaft of a long bone may be excised within a few days of its destruction by suppurative osteitis, and a new one be regenerated with tolerable certainty. It is not for such cases, then, that transplantation of bone is likely to be required; but in those more numerous instances where the osseous tissue is eaten away by insidious disease. Unfortunately for the patient, the vitality of the surrounding bone is usually too low to warrant any great hope of the method of extrinsic repair now under consideration. In order that the graft may "take," a rapid vascularisation of the callus is necessary, but in caries the organising power, except in rare cases, is too feeble. Still, there is no telling what surgical science and art may eventually accomplish, and for that reason we look forward with curiosity and interest to the future records of bone-grafting.—*London Lancet*, July 4, 1885.

Lippia Mexicana.—This is a subvariety of lippia dulcis, which is an evergreen, creeping undershrub, belonging to the verbenacea, and is found in the southern part of Mexico. It grows best in moist, rich soil. The leaves and flowers have a sweet aromatic taste, and a strong odor, which they retain when dried. In large doses, this plant has a nauseous and emetic effect, which is followed by stupor or drowsiness. The flowers have been used by the Mexicans in coughs for many years, but it was not used by American physicians until a few years ago, when Parke, Davis & Co., that enterprising firm, called the attention of physicians to this very valuable pulmonary remedy. It has proven a valuable addition to our list of expectorants.

I have used it a great deal in the very annoying, tickling cough that has accompanied epidemic catarrh of the past winter and spring, and have found it, in the form of a syrup, a most positive remedy. It allays the cough quicker than anything else, and at the same time it acts as an efficient expectorant. And, independent of these two properties, it exercises a very soothing effect upon the mucous coat of the entire respiratory tract, aiding in curing bronchitis, either acute or chronic. I have used it in several cases of bronchitis, and with better success than I have obtained from any other remedy. I am satisfied that the lippia Mexicana will prove to be one of our most efficient remedies for catarrhal affections of the respiratory passages. It contains very active expectorant properties, and at the same times is a most powerful demulcent, which two active properties render it the very remedy called for in the above diseases. It possesses a peculiar alterative influence over the mucous membrane of the air passages, from that of the nose, to the bronchial tubes. I would recommend the members of the profession to try this remedy, and report results.—Prof. I. J. M. Goss, Marietta, in *Chicago Med. Times.*

Iodine and Pyridine in the Treatment of Asthma.—The alkaloid termed pyridine (C_5H_5N) is a colorless, volatile liquid, of a very penetrating odor, miscible with water, and

forming with the mineral acids salts which are very soluble but unstable. It is obtained by the dry distillation of various organic substances, such as Dippel's animal oil, certain alkaloids (including cinchonine, quinine, morphine, and atropine), and coal-tar. It is found, also, in the condensed products of tobacco-smoke and in nicotin itself. M. GERMAIN SÉE lately read a paper before the Académie des Sciences ("Rev. méd.") on the use of pyridine in the treatment of asthma. He declares that iodine is the greatest curative agent in this affection, whatever form it may take, and that pyridine is the best palliative for use during the attacks. It causes a decided and immediate diminution of the feeling of oppresion, so that the breathing becomes calm, while the action of the heart preserves its regularity as well as its force. After about an hour there is in many cases an irresistible desire to go to sleep, but no stupor or any approach to anæsthesia, although the reflex excitability is diminished. The remedy should be given by inhalation, a fluidrachm or more being poured on to a napkin in a close room. The inhalation should be continued for twenty or thirty minutes, and should be repeated three times a day. After two or three inhalations, auscultation will show great improvement of the physical signs. A few persons seem to have their susceptibility to the action of the drug impaired at the end of a week or ten days, and then it is well to begin with the iodine treatment.—*N. Y. Med. Jour.*, July, 1885.

HYDROBROMATE OF QUININE AND VALERIANATE OF CAFFEINE IN THE TREATMENT OF MALARIAL POISONING.—CEREDEDO ("Gazz. degli Ospit.;" "Rev. méd.") concludes from numerous experiments that the hydrobromate of quinine is preferable to the sulphate, for the following reasons: 1, Its activity is greater in mod rate doses. 2, It acts as a nervous sedative. 3, It stops vomiting, a matter of special importance in certain countries. 4, It readily brings about a favorable change in the type of the fever. 5, Its bitterness is less marked 6, It does not irritate the intestinal mucous membrane, and produces neither constipation nor diarrhœa. 7, It allows of the avoidance of too frequent subcutaneous injections. 8, It diminishes the probability of relapse. 9, When once the paroxysm has come on, if it can not reduce its intensity and duration, it should be administered in capsules, combined with valerianate of caffeine. 10, Given in that way half an hour before the paroxysm, it is capable of arresting the latter. 11, By combining the two salts (fifteen grams of the hydrobromate and seven or eight grains of the valerianate), we may check certain quotidian forms which are rebellious to much larger doses of the sulphate. 12, The action of this combination of the two drugs, given in comparatively small doses, is more powerful than that of any other salt of quinine in much larger doses.—*N. Y. Med. Jour.*, July 18th, 1885.

THE USE OF ALUM IN PURULENT OPHTHALMIA.—In a note under the above title (Journal, July 4th, p. 16), MR. JOHN TWEEDY commits himself, as it appears to me, by statement or implication, to the following propositions:

1. In the initial stage of ophthalmia neonatorum, the cornea is abraded.

2. A solution of alum of only 30 grains to 8 ounces of water is a dangerous remedy, from its liability to facilitate perforation of the cornea at the point of abrasion.

3. This danger should be met by placing in the hands of ignorant poor mothers, in lieu of my suggested packet of 60 grains of alum, a packet containing an irritant and dangerous poison—chloride of zinc or corrosive sublimate which also is not very soluble in water.

To the first and second propositions, my experience, which, with all humility be it said, must have necessarily been much larger than MR. JOHN TWEEDY'S, affords not the slightest support. As to the third proposition, before it could become practicable, I conceive some alteration in the Sale of Poisons Act would be necessary. As to boracic acid, it is a nice antiseptic, with slight, if any, astringent properties, far inferior as a curative agent to alum in the disease we have been discussing.

J. VOSE SOLOMON, F. R. C. S.

—*British Med. Journal*, July, 1885.

NITRITE OF AMYL IN GOUT.—DR. ARCHIBALD D. MACDONALD, of Liverpool, raises a very important question in the British Medical Journal, of May 23, as to the elimination of uric acid by nitrite of amyl. On three occasions he has noticed that the administration of nitrite of amyl markedly increased the acidity of the urine, and caused a deposit of uric acid crystals. The first case was one of puerperal eclampsia, in which the drug was given to control the convulsions; the second was a control experiment, in which the administration of the drug caused a marked increase of the uric acid in the urine of a healthy man; and the third was one of gout, which was much benefited by three administrations, and with the result that the uric acid was very much increased.

The cases reported by DR. MACDONALD, are a sufficient basis for some careful physiological work, in which to investigate the action of nitrite of amyl on the elimination of uric acid, and for further clinical experimentation as to its true value in cases of gout. In his case the drug was administered in four-minim doses, by inhalation, at 4:00, 6:00, 8:00 and 10:00 p. m., the result being as recorded on the next morning. —*Journal of the American Medical Association*, June 13, 1885.

THE EMPLOYMENT OF CURARE IN THE TREATMENT OF EPILEPSY.—DRS. BOURNEVILLE and P. BRICON, in a therapeutic study on the use of curare in epilepsy, based upon the clinical observations of thirty-three cases of the disease in which the drug was employed, have reached the following conclusions:

The results attained are entirely different from those recorded by some authors. Certainly, in twenty-one patients affected with various forms of epilepsy, some adults, and some children, submitted to subcutaneous injections of curare during three, six, and even a greater number of months, but a single case was found in which noticeable benefit was

received from the treatment. One other was slightly benefited. In a third, though the number of the attacks was not diminished, their violence was abated, a common result in the treatment of epilepsy. In summing up the results obtained, the writers find that they are little encouraging, and consider that curare should be dropped from the list of drugs worthy of trial in the treatment of epilepsy.—*Archives de Neurologie*, May, 1885; *Med. News*, July 4, 1885.

LOURIE ON THE BIOLOGICAL AND THERAPEUTIC ACTION OF CONVALLARIA MAJALIS.—Like other observers, LOURIE found the action of the various preparations of convallaria very uncertain. In some cases the action was markable, in others it failed altogether. He remarks, however, that when convallaria failed, digitalis given afterwards failed also. When convallaria failed to do good, it, on the other hand, never did harm. It never caused a fall in the blood-pressure; when there was any change, it was one of augmentation. The pulse and respiration, if influenced, are diminished in frequency. Diuresis is increased or unaltered. The doses given ascended to as much as 4 grammes daily of the extract, and of convallarina and of convallamarina to 50 centigrammes and 1 gramme daily. Diarrhœa occasionally resulted. In conclusion, he agrees with PROFESSOR MARAGLIANO that convallaria, if not all that SEE said, is yet of value in disease of the heart, and must be considered as one of the substitutes for digitalis, of which it has the advantage without its drawbacks and cumulative effects.—*London Med. Record.*

THE NON-INJURIOUS EFFECT OF ANTIPYRINE IN PREGNANCY.—CHIARA, Annali di Ostetricia, gave to a woman in the ninth month of pregnancy, who was attacked with pneumonia, antipyrine. A remarkable reduction of temperature followed, but premature labor came on.

The question naturally arose as to whether the antipyrine brought on labor, and, to settle the matter as to whether this medicine has any oxytocic power, he gave sixty grains of it, in divided doses, to twelve pregnant women, seven of them not yet in the ninth month; the others near the period of labor. In none was any injurious result observed, the pregnancy being undisturbed. So far, therefore, from attributing any unfavorable influence to antipyrine given in pregnancy, CHIARA regards it as having a favorable influence, for, by the reduction of temperature it effects, the occurrence of premature labor, of which pyrexia is so frequently the cause, is prevented.—*Med. News.*

TREATMENT OF ACUTE ALCOHOLISM BY STRYCHNINE.—DR. LARDIER, of Rambervilliers, has for some time treated acute alcoholism with strychnine, observing DR. LUTON'S indications. In a case of delirium, he administered eight milligrammes of strychnine in twenty-three hours. During the first three days, pills containing five milligrammes were given to the patient every two hours, but with negative results. Then more pills were given in the two hours, also a hypodermic injection. Thus, in less than a day, the patient had swallowed eight milligrammes of strychnine. His condition quickly improved. He slept well, and symptoms of strychnine-poisoning were absent. —*British Med. Journal*, July 11, 1885.

PISCIDIA ERYTHRINA.—DR. A. LEGOY, a foreign physician, says he has great success with this drug as an anodyne. DR. FIRTH claims a like success with it in delirium tremens. DR. HUCHARD uses it in neuralgia and combines it with viburnum. The following is the formula:

℞ Ext. piscidiæ eryth. fl., ℥ ss.
Syrup cort aurant, ℥ iv.
Syrup. simp., ℥ ss.

Teaspoonful three times a day.

—*Med. Summary.*

A NEW REMEDY IN GOUTY OBESITY AND DYSPEPSIA.—In the Lancet, April, 1885, DR. MORTIMER GRANVILLE writes that he has been obtaining good results of late, in cases of gouty obesity and dyspepsia, from the use of the salts extracted from ox-bile. They are given to persons with a predisposition to gout, in whom there is a tendency to the deposition of fat in the omentum and elsewhere, coupled with a deficiency of production and maintenance of heat. The bile-salts are given in the form of a pill, each containing about four grains of the taurocholate and glycocholate of soda, and are to be taken with food at each meal.—*Med. Record*, June 25, 1885.

SOME THERAPEUTIC USES OF JAMAICA DOGWOOD.—Jamaica Dogwood has been used successfully in the treatment of chorea. It is also used in dysmenorrhœa, in doses of 20 drops of the fluid extract every two hours, with the result of abolishing the pain and promoting the flow. Combined with viburnum opul., it has given good satisfaction in the treatment of chronic metritis and congestion of the ovaries during imperfect recovery from parturition.—*Medical Advocate.*

EXTRACT OF STIGMATA OF MAIZE IN DISEASES OF THE KIDNEYS AND BLADDER.—PROFESSOR KORCZYNSKI, of Cracow (Medycyna, No. 49, 2884, and Vratch, No. 1, 1885), found extract of stigmata of maize very useful in cases of renal calculi and sub-acute catarrh of the bladder and renal pelves. The drug increased the daily quantity of urine, and relieved both catarrhal symptoms and renal colic.—*London Medical Record.*

ANOTHER MYDRIATIC, MANDRAGRINE.—M. CROUZEL has isolated a body having all the properties of an alkaloid from the mandrake (*Mandragora officinalis*). This body forms a sulphate which is crystalline. A solution of this salt was found to have marked mydriatic effects on the eye of a rabbit. *L' Union Pharm.*, p. 264; *Med. Record*, July 25, 1885.

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Original Articles.

A COLLECTIVE INVESTIGATION OF SOME NEW DRUGS.

BY A COMMITTEE OF THE CONNECTICUT STATE MEDICAL SOCIETY.

The fact is patent that there is great apathy and indifference to collective work among the members of the Connecticut Medical Society. Your Committee have done all that lay in its power and cannot take any blame. To present the details of your replies in a tabulated form is a by no means easy task. Some are of experience with but a few patients; one physician embodies two hundred in his. It is impossible to tell how many cases the replies represent, or with what care the observations were made. We give the replies impartially.

CONVALLARIA MAJALIS (LILY OF THE VALLEY).

The greatest number of replies to any one question on this drug, is fifty.

Answer to question No. 1. Preparations used? have been divided between the preparation and the maker. Some have stated simply fluid extract, which is too indefinite, as both root and flowers are used. Of preparations, 22 name simply fluid extract; seven fluid extracts of the flowers; one pills. Of manufactures, 16 were from PARKE, DAVIS, & CO., three from MESSRS. SCHIEFFELIN & CO., from MESSRS. TARRANT, WYETH, THAYER, BURROUGHS, one each.

Question No. 2. The most frequently mentioned dose is gtt.v-x., t.i.d.; the maximum gtt.xv. and ʒ j., t. i.d., up to gtt.xv. every two hours.

3. Do you find any cumulative effect in digitalis? No, 21; yes, 9; not very marked, 1.

4. Do you find any cumulative effect in convallaria? No, 30.

5. State comparative effects of convallaria and digitalis. Convallaria does not disturb the stomach as digitalis does, and steadies the heart better. Digitalis, after a time, produces vomiting, cerebral and gastric disturbances, while convallaria works splendidly with none of those symptoms. Convallaria is a milder remedy, and can be used where digitalis is inadmissable. Convallaria produces a more rigid pulse. It acts more on the entire arterial circulation than on the heart as a centre. Several say convallaria produces no diuretic effects, one thinks it a more efficient diuretic. A number find the action of the two similar, and one declares there is no comparison between them. Gtt.x. fl. ext. convallaria with gtt x. tinct. cacti., acted as a diuretic where digitalis had failed with one.

6. Purposes for which convallaria was given? All forms of cardiac affections: (*a*) Valvular diseases, as insufficiency of mitral and aortic, with grand results, giving tone and regularity. (*b*) Organic diseases, as hypertrophy, dilatation, and fatty degeneration. In hypertrophy it equalized the force and diminished the frequency of the beat. In fatty degeneration (one case) it worked badly, causing dizziness, tremor, and dimness of vision. (*c*) Sympathetic disturbances, as palpitation, weakened heart from hemorrhage or shock, cardiac weakness, with intermittent pulse, irregular action, due to anæmia, nervous irritability of heart's action, nervous prostration, œdema of the lungs. As a tonic to strengthen the heart's action in debility, it reduced the pulse from 100 to 76.

7. Does it disturb the stomach? No. 17; yes, 3; sometimes, 3; same as digitalis, 1.

8. Some conclusions arrived at from different observations are: It is much more uniform in its results than digitalis, and I like it very much; it is less certain than digitalis; digitalis is more reliable; a grand remedy; prefer digitalis; more unpleasant to take than digitalis; of value in certain conditions, especially cardiac dyspnœa; it sometimes worked where digitalis did not; have been well pleased with its action in cardiac disease when digitalis was ineffectual; a valuable medicine; has value, but not so reliable as digitalis; not so reliable as digitalis, but can be pushed further; may prove a good remedy, but will not suit all cases; more reliable than digitalis as a tonic, fully as efficient as a diuretic, less liable to nauseate, more uniform in results; fluid extract of the flowers a most reliable remedy to control the heart's action; a tonic on the fibres of the heart; has a limited sphere of action; digitalis in large doses preferable; inferior to cactus in steadying the heart; a worthless remedy; pleased with it when digitalis has proved ineffectual.

It would be difficult to displace digitalis in the estimation of the physicians of the world. But it does not meet the requirements in every case. One thing we wish to determine:—in the

light of the present day, has it any cumulative effect, as has heretofore been attributed to it? The testimony is decidedly no, and from physicians who have used it in large doses. Convallaria many times does what digitalis will not. It is a valuable remedy. Those who have given larger doses at longer intervals have had better results than they who have used the small doses frequently repeated. No medicine can have had a thorough trial in the time allotted to this, and we suggest that its merits be investigated further.

PISCIDIA ERYTHRINA (JAMAICA DOGWOOD).

It might be deemed a work of supererogation to attempt to find a substitute for opium. But many patients cannot take that anodyne. In some it produces wakefulness, in many intense nausea and head-ache, in others an intolerable pruritus; in all, constipation. What resource have we then? It was with some hopes of finding something which could be substituted where opium does not agree, that the committee selected piscidia for investigation. Fewer answers have been received than from either of the other drugs, 32 being the largest number of answers to any question.

Question No. 1. The preparation used was the fluid extract of PARKE, DAVIS & CO.'S, excepting two from MESSRS. SCHIEFFELIN, one each from MESSRS. TARRANT and WYETH, and one was in pill form.

Question No. 2.—The doses have varied as follows: gtt. xv every hour until relieved, gtt. xx to xxx every two hours, f ʒ ss to f ʒ j hourly for three hours, f ʒ j every three-fourths of an hour until six doses have been given, and single doses of one or two drachms.

3. Is it a hypnotic? No, seven. Yes, 13, (4) in doses from f ʒ ss to f ʒ ij.

5. Is it an anodyne? No, five. Yes, five. To a certain extent, four. Uncertain, two.

6. Doses gtt. xv every hour, f ʒ ss. every two hours for five doses, or single doses of f ʒ j or f ʒ ij.

7. Most of the physicians are not ready to name the quantity which may be considered dangerous; others have stated f ʒ ss., f ʒ ij., f ʒ iij., f ʒ iv.

8. Can it be substituted in any way for opium? No, seven; yes, eight; yes, when opium cannot be taken, three; other answers are yes, in bronchitis; yes, in teaspoonful doses two or three times a day; good substitute as an anodyne, especially in neuralgia; in nervous cases possibly; in simple insomnia of worry or nervousness; not a substitute, but secondary.

9. Is it effective as a cure for the opium habit? Six say no, 16 have had no experience and cannot say. One says no medication is, to much extent.

10. Has it any astringent properties? No, 14; yes, two.

11. Has it any unpleasant after-effects? No, 17; sometimes, four; produces nausea when given in doses of f ʒ ij. every two hours.

12. Some conclusions arrived at from different observations: Two say, entirely worthless; is a hypnotic, if pushed; of value where there is an individual idiosyncracy against opium; especially valuable in children, and cases where opium and morphine cannot be given; unsatisfactory result; am inclined to give it a permanent place in my case; unsatisfactory; a valuable addition to our drugs; good substitute for opium when there is loss of sleep, nervous restlessness, etc.; regard it as an improvement on opium; does not amount to much; good as a placebo; very satisfactory in the bronchitis of children and adults; gave success in insomnia where all other remedies had failed; a powerful drug, but its field of usefulness is limited. Its action is similar to opium, but it is not applicable to so many morbid conditions, and will not as certainly relieve pain. Opium is much more liable to produce headache, nausea, syncope, and other disagreeable symptoms than piscidia. Piscidia dilates the pupils. In some respects it affects the cerebro-spinal system after the manner of belladonna. It promotes secretion from the skin and mucous membrane, while belladonna produces dryness and itching or tingling of these tissues.

Piscidia erythrina is the least known of all the remedies tried. There is little literature regarding it. It was at the start supposed to possess dangerous properties, and it has generally been used in too small doses. It is seen that two drachms have been repeatedly given without bad results; but it should be watched. We would like to see further trial made. If there is anything which can even partially do away with opium, its bad after-effects, and its danger of causing opium-eating, its discovery will be a great boon to human kind.

CASCARA SAGRADA (RHAMNUS PURSH.)

Cascara has been used for four or five years by some of the physicians, and is more familiar to the general practitioner. The testimony is quite general, some of it covering the period mentioned. Forty-seven employed the fluid extract, twenty-two the cordial, seven the solid extract. Most of these were preparations of PARKE, DAVIS & CO., but three were from SCHIEFFELIN & CO., three from WYETH, two from MCKESSON & ROBBINS, one each from MESSRS. THAYER, TARRANT, and CASWELL, HAZARD & CO.

2. Doses of the fluid extract, gtt. xv–xx, t. i. d.; of the cordial, f ʒ j, night and morning, to f ʒ ss, morning and evening; of the elixir, f ʒ j, t. i. d.; of the solid extract, gr. ij at night.

3. Is it an aperient? Yes, forty-one; one of the best, one.

4. In doses of the fluid extract, gtt. xv to f ʒ ss

at bedtime, f ʒ j of the cordial continued, or f ʒ ss of the same; and of the extract, from gr. ii–v.

5. Is it a cathartic? Yes, thirty-six.

6. Doses of the fluid extract f ʒ ss, or as much as f ʒ ij.

7. Is it a cholagogue? The answers are nearly all of doubtful expression. A majority don't know, a few say no, about the same number yes.

8. Is its action partially upon the lower bowel? Nineteen give some form of affirmative answer; ten say no, or are undecided.

9. Is its effect diminished by constant use? No, twenty-four; yes, thirteen.

10. To what extent can it be relied upon as a cure for habitual constipation? Not efficient, four; not permanent, three; has cured some, four; valuable if combined with proper diet and regular habits of defecation; to a large extent; very effectual; satisfactory; not reliable; very effectual; never knew of a case being cured; only as a help; only in cases of no long standing; have never known habitual constipation to be cured by drugs alone; its aperient action is superior to anything we have; regard it favorably; does not give satisfactory results in obstinate cases; one of the best remedies; only a palliative unless used with other means; have seen many cases of long standing completely cured, while in others it has failed to relieve; one of the best remedies we have in habitual constipation; not reliable, but will cure in certain cases; successful, combined with hygienic measures; the best remedy I have used; do not think it a specific but a very useful adjunct; in some cases it has worked like a charm where nothing else availed; enough so to justify the hope that in many cases it may afford a lasting and satisfactory relief; of value but not infallible; about equal to preparations of senna; the most efficient remedy I have ever used for the purpose; a useful tonic laxative; I think it is our best means of overcoming the constipation which depends upon intestinal indigestion, more or less associated with inaction of the liver; as good as anything.

11. Does it interfere with digestion? No, thirty-seven; yes, two; it helps digestion, two; doubtful, one. Not often, unless the peculiar bitterness of the extract is nauseous; combined with one of the malt extracts, the least objectionable mode of administration, it positively aids the digestive processes which take place within the duodenum. "I think that cascara has permanent efficacy in constipation by promoting the biliary secretion and by imparting tone to the muscular coat of the entire intestinal tract."

12. Does it cause griping or unpleasantness at stool? No, twenty-five. In about one-third of my cases; yes, five; if given in too large doses, six.

13. Conclusions arrived at from different observations: The cordial is an acceptable laxative. The fluid extract is not different from senna except that it is more disagreeable to the taste. A good cathartic for occasional, not constant use. Generally a gentle but efficient laxative for habitual use. The cordial is good for children and a mild laxative. Have cured habitual constipation where other drugs have failed. A valuable remedy in constipation. One of the best remedies known for habitual constipation and that following child-birth. The best drug we have as an assistant in the cure of constipation. The cordial is a pleasant form of administering a mild laxative to children and adults. A valuable adjunct for constipation, especially in the aged. As efficient as any other remedy. Have used it with gratifying results in the constipation of old people. A pleasant, mild laxative, filling a long-felt want. Its special use is indicated in hepatic conditions. Very unpleasant and nauseous. It relieves habitual constipation and is an excellent means of breaking off the habit of using compound cathartic pills and other ills of like nature. One of the most valuable "new remedies" introduced for many years. I have not any report of evil from it at any time. The cordial is agreeable and effective for children. Am using it in preference to harsher drugs. As a laxative there is no drug more agreeable in action. As an aid to the cure of habitual constipation it is invaluable. Have found it extraordinarily useful in entirely preventing the unpleasant after effects of morphine. Excels any remedy I have used in chronic constipation. A valuable addition to our materia medica. Its use in the solid form is preferable. A safe aperient, and it can be continued without injury. A good aperient, convenient when pills cannot be taken. Empties the whole bowels without trouble. In hospital practice patients request it because of its effectiveness. It requires a large quantity and costs too much. Fifty per cent. of cases have been cured in from three to six months' treatment. A very efficient tonic laxative which does not need to be increased in quantity. A valuable addition to the list. I have used it in hundreds of cases, and always with gratifying results, with an exception of about one case in twenty or thirty, in which it has not been tolerated by reason of gastric irritation or griping of the bowels. In certain cases it will do its work to perfection, in others it is apparently inert. Am not prepared to prefer it to some drugs already at our command. Am pleased with it, although, like most eccoprotics, it needs to be repeated. I have formed a very favorable opinion of it as a laxative in the constipation of aged and feeble persons. Not very pleasant to take. The fluid extract is too dis-

agreeable to be tolerated by many of my patients.

Remarks: The past winter I have used it in sundry cases of subacute bronchitis, characterized by dry, persistent cough, torpid congested liver, constipation, deficient secretion from liver, etc. Fl. ext. cascara sagrada in f ʒ ss. doses every four hours for a day or two, combined with expectorants, relieved the symptoms promptly and effectively, producing free bilious stools without griping or irritation. Combined with nux vomica, one to three of cascara, it is the best intestinal tonic I have found.

I generally give:

℞ Ext. cas. sag. fl., f ʒ ss.
Ext. hyosc. fl., ♏ii.
Syrup., f ʒ ss.
Ol. anisi, ♏i.

at bed time; repeated in the morning, if necessary.

A close analysis of the replies reveals the different susceptibility of different persons to the same medication, and may explain success or want of it in those cases. Yet most of the opinions are so strongly favorable, so few are the contrary, and the period of observation is for so long a time that we think cascara sagrada deserves a place in the U.S. Pharmacopœia. In no form does it cause an untoward symptom, as do some of our much used catharties, and in some combinations it may be found to help digestion.

Dr. Russell, Professor of Materia Medica in Yale Medical School, has made a series of investigations into the effects of these remedies, so thorough and careful as to be nothing less than scientific, and we are glad to embody his report in our own :

Convallaria majalis. I have used the fluid extracts made by Parke, Davis & Co. and by Henry Thayer & Co., and have found them perfectly reliable, prompt and uniform in their action. I have used the fluid extract in doses of from twelve to twenty drops repeated every six or eight hours, but think it quite safe to use larger doses in suitable cases. Have never noticed any cumulative effects from either digitalis or convallaria, and never expect to notice any, for I have used both agents continuously for at least five or six months without omitting a single dose, and no such effect has been noticeable. I feel convinced that if the interval between the doses is sufficiently long to permit of the effect of one dose disappearing by the time the next dose is administered, there can be no so-called "cumulative effect" noticed. If we repeat the dose of any remedies too frequently the effects will necessarily be cumulative, but it is only a necessary result of giving a second dose while some effects of the first dose still remained to be added to that of the second. It is merely a result of too large or too frequently repeated doses. Digitalis is thus not any more likely to be followed by cumulative effects than is aconite or veratrum viride or other powerful drugs. Digitalis and convallaria are so nearly identical in their action that they can both be relied upon to fulfil the same indications. I am beginning to feel the same confidence in convallaria that I have in digitalis. I have used convallaria in the same class of cases of heart disease, both functional and organic, as indicate the employment of digitalis, in both adults and children. The results have been satisfactory. The fluid extracts which I used were evidently so well freed from the resin that they in no way disturbed either stomach or bowels. I feel convinced that convallaria is a remedial agent of great value and should occupy a permanent and prominent position alongside of digitalis in our materia medica.

Piscidia Erythrina.—The preparation used was the fluid extract. In order to make a fair test I used one sample obtained from an agent of Henry Thayer & Co., another sample from an agent of Parke, Davis & Co., and one other sample from a drug store in New Haven, but manufactured by Parke, Davis & Co. I have used it in single doses of f ʒ j, f ʒ i½., f ʒ iss. and f ʒ ij., and in doses of f ʒ j repeated every hour and a half, or two hours until three or four doses had been taken. These doses are as large as I have seen recommended by those who advocate the use of piscidia. In order to avoid error I have never, while using it, prescribed any other remedy in combination with it. Have only given it to adults—not to children. Have tested the three above mentioned samples in about 25 or 30 cases. The three samples did not appear to differ in any respect as to results produced. I cannot feel convinced that these samples possessed any power as hypnotics. In only four or five of the cases in which it was given did it appear to have any power as a hypnotic and, these cases were all suffering from pain before taking the piscidia and the light transient sleep which followed may have been simply a result of the slight temporary relief from pain produced by the drug. As a hypnotic I hold it unworthy of confidence. In the majority of cases in which it was used the patients were surgical and were suffering from moderately severe pain from a variety of causes, such as fractures, carious teeth, advanced hip disease, abscesses, etc. In most of these cases they reported that f ʒ j. or f ʒ iss. repeated in two hours seemed to afford very slight but unsatisfactory and brief relief from pain. None of them were disposed to say much in favor of the remedy, and none asked to try it again. In a few cases the patients were quite sure that no relief whatever was

afforded. In one case, a very intelligent young woman had suffered from a moderately severe toothache, which had been very uniform in severity for 24 hours before taking f ʒ ij. of the fluid extract of piscidia. She was otherwise in perfect health and had taken no medicine previously. She reported that the piscidia did not produce the slightest variation in the amount of pain during three and-a-half hours following its administration, and that finally, after three and-a-half hours, she was compelled to take a dose of morphine, which I gave to her. As an anodyne, therefore, it is unsatisfactory, at least in the dose mentioned. Have found it perfectly harmless in doses of f ʒ ij. in adult patients. Have not given it in larger doses. Have never tried it as a cure for the opium habit. It does not constipate the bowels, but, on the contrary, has, in a few instances, appeared to have a barely perceptible laxative action. In order to test the matter more fully, I tried its effects on an advanced medical student in good health, who took up quarters in my house for the purpose. After carefully removing all sources of error as completely as possible, I gave him f ʒ j¼ of PARKE, DAVIS & Co.'s fluid extract and watched the condition of his pupils, mouth (as to increase or decrease of saliva), skin, pulse, temperature and respiration every 15 minutes for two hours, and being then, called away he noted symptoms closely for two hours longer. Absolutely no effect was noted from the drug except that the pulse fell from 72 to 68 one hour after taking the drug. His mind remained as clear as usual, and there was not the slightest trace of drowsiness. About twelve hours later he took a second dose of f ʒ j, and five and one-half hours afterwards a third dose of f ʒ j. No further symptoms were noticed, except that his bowels, which were previously perfectly regular, became slightly relaxed after the second dose. A physician, not a member of the society, could not, after careful observation, perceive the slightest effect in any respect from f ʒ ij of PARKE, DAVIS & Co.'s fluid extract of piscidia, taken by himself at my suggestion. At my request, six healthy medical students, who had studied medicine two years, experimented upon themselves with single doses varying from f ʒ j to f ʒ ij, taken just after their usual six o'clock supper. They were instructed to carefully note the condition of the pulse, respiration, pupils, skin, mouth, and bowels, especially whether it had any hypnotic effect, or any cerebral action, however slight. Both PARKE, DAVIS & Co.'s and THAYER'S were used. They all took great interest in the matter, but all reported the samples furnished to be inert and without effect, excepting that in two cases the bowels were slightly loosened, and one man reported slight heart-burn and nausea, and very slight salivation. With these exceptions, I have not noticed any unpleasant symptoms. They all failed to perceive any appreciable production of drowsiness during the four or five hours between the dose and bedtime, nor that they slept better than usual during the night. The drug appears to be a feeble, unreliable anodyne, but as a hypnotic it has, in my hands, proved a failure. Possibly, in larger doses than f ʒ ij it might do better. Having previously seen some reports favorable to the drug as an anodyne, I commenced the administration of piscidia, hoping to find in it a desirable substitute for opium, but have been disappointed.

Cascara Sagrada.—I used samples of the fluid extract furnished direct from PARKE, DAVIS & Co., and another sample of PARKE, DAVIS & Co.'s purchased at a drug store in this city. Also used samples furnished by HENRY THAYER & Co. Have used these fluid extracts in doses of ten to twenty-five drops every six or eight hours as a laxative, and in single doses of from ♏. xlv to f ʒ iiss as a purgative. Have found the different samples above mentioned equally efficient and perfectly uniform and reliable, as shown by the results produced. It is a very valuable, gentle laxative in doses from fifteen to twenty-five drops three times daily, and in these doses produces no unpleasant effects of any kind whatever. It is a prompt and very reliable cathartic in doses of from ♏. xlv to f ʒ iiss, generally acting efficiently in six or eight hours. Unless the patient is rather obstinately constipated, a dose of f ʒ ij or f ʒ iiss is pretty certain to produce from two to four copious, rather "mushy" stools, attended with slight, transient griping. If the dose produces four or five stools, the first two are moderately soft, and the last two or three very soft, but not quite fluid, and just perceptible rectal tenesmus accompanies the last two or three stools. In several such cases the last one or two stools were covered with a small amount of mucous. It is not hydragogue in any of the doses above mentioned. In order to get an accurate idea as to the character of the stools produced by it, I asked eight of the advanced medical students to notice carefully the consistence, color, frequency, and other characteristics of their stools as accurately as possible for three days, and, continuing their customary diet without variation, to subsequently notice the results of a single dose of the drug. Each was to take a single dose at bedtime. I arranged the doses so that I should get reports concerning f ʒ j, f ʒ j¼, and ʒ iss and f ʒ j ½ dose. Among these eight individuals were some who were habitually constipated, others whose bowels were previously regular and others whose bowels were habitually slightly loose. One had been passing hard, very light, almost white dry stools—one had been passing very dark, rather green,

moderately soft stools. The stools of all the others were previously brown. The results of a single such dose at bed time in each case was that within twelve hours it changed the black stools to a yellowish-brown color, the white clay stools to a dark brown, and the stools of all the others to a yellowish-brown color. At the same time it produced the purgative action before mentioned. In my own case a single dose of f ʒ j would change my yellowish-brown stools to a lemon yellow color. Thus a single dose of f ʒ j to f ʒ ij caused the stools to become more yellow within twelve hours in all the cases noted.

I do not think that its effects are diminished by constant use. I believe that in doses of from fifteen to thirty drops given three times daily it is an admirable remedy for habitual constipation. Much better effects are obtained from such doses than from f ʒ j or f ʒ ij doses given less frequently. In none of the doses above mentioned have I found it to cause the slightest unpleasant symptoms, excepting that f ʒ iss to f ʒ iiss doses produced slightly too free catharsis with slight transient rectal tenesmus. The stools produced by moderate doses of it are so copious, soft and unirritating that it must be well suited to cases afflicted by constipation with hemorrhoids, fissure of the anus, etc. It is a remedy of great value and should occupy a prominent position in our materia medica.

THOMAS H. RUSSELL.

The oleates have not been generally tried, but promises have been made to use them as opportunity offered. In the light of experience, perhaps the three drugs already reported were sufficient for study at one time. Your committee finds the subject of the oleates but imperfectly understood. We based our investigations of them on the authority of DR. SHOEMAKER in his monograph referred to in our circular of inquiry. We cannot more than refer to it, yet we desire to call attention to some facts there found as covering our requirements for the preparation of those medicaments: "Oleates must not be considered merely as solutions of oxides in oleic acid, as previously described, for, according to our present views of chemical philosophy, they were nothing else as heretofore manufactured, but rather as definite chemical compounds or salts having no excess of either their acid or basic radicals. To speak of a five- or ten-per-cent. oleate is quite as absurd as to do so of a five per cent. sulphate of quinine, morphine or atropine, which we know to be compounds of a definite character." Yet we find in all the drug stores rows of bottles of oleates of ten or twenty per cent., so-called. These are the old oleates which are mechanical solutions with oleic acid and not in chemical union. Oleates are, or should be, chemical compounds or salts of oleic acid, just as sulphates and phosphates are salts of their respective acids. The molecular or combining weight of oleic acid is high, while the atomic weights of the metals are lower. Consequently the percentage of oleic acid in a normal oleate is much greater than that of the metallic base. Again, "the penetrating action of petroleum products into the skin is so feeble as to almost cause them to be excluded as such."

DR. HERMANN HAGER, an eminent authority, in his work on Pharmaceutical Practice, similarly says:

The use of vaseline (cosmoline) in place of lard or an ointment in such mixtures which contain a remedial agent intended for absorption by the skin, is much to be discouraged, as vaseline (cosmoline) prevents the absorption thereof. Your committee believe that most of those who carefully tried the oleates, made use of such as fulfilled the conditions specified, but we wish to insist upon the difference between the true oleates and the mechanical mixtures, with reference to their use in the future.

Oleate of Mercury.—This has been used in the strength of ten parts in 100, gr. xx-ʒ j, twenty and fifty parts in 100, and the pure oleate.

2. It is more readily absorbed than ung. hydrarg., without one dissenting voice.

3. Constitutional effects are more readily obtained than by ung. hydrarg., only one saying no.

4. The testimony is universal that it does not so readily soil the clothing, and is, consequently, much neater.

5. A few say it will irritate the skin in some cases, or if long used.

6. Cases of syphilis have been: one primary, six secondary, two tertiary.

7. Nine cases of enlarged testicle.

8. Fourteen indurations.

9. Twenty cases of parasites.

10. Four of discoloration of the skin. Other forms of skin disease in which it has been used are psoriasis, eczema, sycosis.

11. Result and general conclusions: In eczema, capitis and universale, it caused rapid improvement. Has given good results in pruritus ani. In enlarged testicle, softening occurred after three applications, tincture iodine and compression having previously failed. Effectual in destroying parasites, equally efficacious with ung. hydrarg., much cleaner and more agreeable to the patient. Its results in connective-tissue growths have been usually negative. In glandular enlargements it has given very good results. Syphilitic nodes have rapidly disappeared in conjunction with the bichloride. Have treated pleuritic effusions with it, with very good effect.

Oleate of Zinc in Powder has given good results in sweating, in which experience proves it to be *the* remedy in erythema, in eczema. In seborrhœa and intertrigo of infants its results have been most gratifying. The following are some of the remarks regarding its use: Used in some forms of pruritus, but with very indifferent results. Dusted over eczema I like it very much. An admirable dressing for open surfaces. A convenient and effective application. Have used it at least a hundred times in eczema of the eyelids, and local inflammation of the skin, the suppurative and inflamed stages of eczema, acute and nasal catarrh with coryza, all with good effect. Its use has given almost uniformly good results.

Oleate of Copper as Ointment.—By an oversight the typographical errors of these formulæ were not corrected. They should have read:

℞ Cupri oleatis, ʒ j.—ʒ ij.
Vaselini, ʒ ix.—ʒ viii.

This preparation has proved to be almost a specific in cases where used, but in greater strength than the above, one reply being, much prefer formula:

℞ Cupri oleat., ʒ j.
Vaselini, ʒ ij.
M.
Sig.—Apply night and morning.

The most obstinate and long-standing cases can be cured in a very few days.

Oleate of Arsenic.—The extremely limited testimony is to the effect that it will destroy an ulcerating surface, and warts on a tender surface, as the face, when the hard exterior has been removed.

In general, the oleates are a great improvement on the old form of ointment. "The use of the oleates, while an interne of the N. Y. Skin and Cancer Hospital, taught me to regard them in the abstract, valuable additions to the treatment of diseases of the skin." "Believe the oleates reliable and desirable forms for administering the medicinal agents. Have observed their antiseptic action and freedom from rancidity; think we shall find them a very valuable remedy."

To the ordinary practitioner, the time for investigating the remedies has been too short. This is pre-eminently true of the last three oleates, but it was as long as the committee could give. In such a pursuit, of course, all remedies cannot be disregarded, nor treatment of patients made venturesome. Cases must, therefore, be selected, which means much time, or a large clientage. An esteemed ex-president of this society has said, "to know whether a new remedy was really valuable, it should be in use for one hundred years," and while we may be slow to add to our Pharmacopœia, we ought to be continually watchful to drop off, or to add, selecting each time the best of that which nature or art offers. We recommend that our successors on the committee continue a part of the same study during the coming year. All of which is respectfully submitted.

N. E. Wordin, M. D.,
J. H. Grannis, M. D.,
E. A. Hill, M. D.,
Committee on Matters of Professional Interest in the State.

THE CARE OF THE NEW-BORN CHILD.

BY AN OLD PRACTITIONER.

Success in the practice of medicine, as in all other callings, depends very largely on attention to details. There is nothing so insignificant in the case of a patient as to warrant the physician in over-looking it. This is a trite saying, and yet, through a routinism into which the practitioner is prone to lapse, the interests of the patient very frequently suffer from its neglect. The best safeguard against thoughtless negligence is a frequent review of familiar facts, and I propose to consider briefly the care of the new-born child, a something the attempt to say anything new on which would be well nigh presumptuous. And yet, most of my readers are, doubtless, cognizant of instances in which the child has suffered through the neglect of proper treatment, traceable to either the ignorance or the carelessness of the accoucheur. The accoucheur is never justified in handing the child over to the nurse, trusting absolutely to her care. It is his patient, and he is responsible for its well-being, a responsibility which he cannot shift to a nurse, however skillful and experienced she may be.

After the head of the child has escaped from the vulva, the hand should be passed over the neck to ascertain whether it is encircled by the cord, and if so, and it constricts the neck, it must be loosened so that there may be no obstruction of the circulation. It is customary with some, after the child has entirely escaped, to immediately sever the cord. This is an error, and frequently productive of mischief. The cord should not be cut as long as there is the slightest trace of pulsation. The child should have the fullest benefit of the placental connection, and should not be deprived of a drop of the blood which is being pumped into it. After pulsation has ceased the cord should be stripped to its fullest length, towards the child. This, I believe, conduces very materially to the well-being of the infant. Should the child not breathe, the cord should be cut without being previously ligatured, but not more than half an ounce of blood should be allowed to escape. More than this is not only unnecessary, but is

positively harmful in the event of resuscitation.

Different methods of tying the cord are in vogue. With some only one ligature is applied, the placental end being allowed to bleed as freely as it may. This practice has been known to be followed to the serious injury of the mother, and is contrary to the method followed by nature in the case of the lower animals. There should be two ligatures applied, one about two inches from the navel, and the other an inch nearer the placenta, the section to be made midway between them. Some argue that neither the child nor the mother should be exposed while tying the cord and cutting it. This I regard as a refinement of delicacy. Due care should, of course, be taken not to expose the mother, whose parts should be covered during the operation, but to use "finger-sight" only, in the case of the child, involves too much risk to the penis should it be a male child. All have not the *tactus eruditus* sufficiently acute to guard the child against this danger.

The child having been severed from the mother, it should be wrapped in a woolen shawl and placed in such a place of safety as excludes the danger of its being sat down upon while the necessary attention is being given the mother. Should it not cry lustily, it should be smartly spanked on the nates, and if its breathing is imperfect, blowing in its face, or dashing on it a little cold water to excite reflex action, should be practiced. Should animation be suspended, it (the child) should be alternately plunged into hot (110° F.) and cold (70° F.) water, and artificial respiration practiced. Efforts in this direction should not be suspended until they have been practiced at least fifteen minutes. At the end of this time, if no signs of life appear, the child may be handed over for the attention of the undertaker. Sometimes the application over the heart, for an instant, of a cloth wrung out of boiling water, has a good effect in stimulating that organ to contraction. It should be tried in all desperate cases. I have known physicians to blow into the child's mouth with a view to inflating its lungs. The practice would be an excellent one were the object to inflate the stomach, but as a means of inflating the lungs, it is, quite necessarily, a failure. The usual methods of artificial respiration are MARSHALL HALL'S and SYLVESTER'S. I have employed them both, but think I have found better results to follow the method known as MCDANIEL'S, and described by its author in a paper read before the American Medical Association in 1869. In practicing this method the child shoud be seated erect. It should then be bent forward to an angle of 40 to 45 degrees, and then to the erect position again. Every upward movement produces an inspiration and every forward movement an expiration, and the two together make a complete respiratory act. This is an excellent method, and is not sufficiently familiar to the profession.

The child having got a start on its pilgrimage, the next thing to do is to dress the cord. The accoucheur need not necessarily attend to this himself, but he should superintend the job. A piece of old, soft linen, four inches by six, should be taken, and a hole large enough to admit the cord cut in its centre. Through this the cord should be drawn down to the umbilicus. This covering is then made to envelope the cord and secured in its place by a few folds of twine. The cord thus dressed is then laid on the abdomen at an upward angle of 45°. The binder is then applied. This should be of soft flannel, six inches in width, and long enough to pass twice around the body of the child. Care must be taken that it is smoothly adjusted, containing no wrinkles, and snugly secured with three small safety pins. How any accoucheur of experience can advocate, as some have done, the discarding of the binder, for either the child or the mother is one of those things which are difficult to account for.

The next thing to do is to wash the child. Some have advised that it be simply wiped off with a soft rag before it is dressed; others anoint it freely with hog's lard and then wash it off with soap and water; and I have actually seen somewhere in print the advice to dress the child without either wiping, anointing, or washing, and to defer all effort at cleansing until the expiration of 24 hours! A more filthy practice than the latter is, of course, inconceivable. Even the brute licks its offspring carefully to cleanse it, and thus puts the advocates of the above filthy practice to shame. I have of late years employed vaseline as an unguent for the removal of the vernix caseosa, and much prefer it to lard. It should be applied freely and afterwards washed off with tar soap. The best is PACKER'S tar soap. It is emollient, and used with soft water, leaves the integument beautifully soft. Care should be taken in drying the infant. Vigorous rubbing "to promote superficial circulation" is a pernicious practice. The surface should be simply dabbed with a soft material, and absorbent cotton answers an excellent purpose. The application of powder of any kind is not good. It obstructs a healthful transpiration, and conduces to irritation of the delicate integument.

After the child has been dressed, due precautions must be taken against the nurse's propensity to give it sugar-and-butter, brandy-and-water, and the other mixtures for which the Sairey Gamps have a weakness. A teaspoonful of lukewarm water may be given with advantage, after which the infant should be laid in its mother's arms and snugly covered up, so that the heat which kind nature has provided

for it, may not be dissipated. No food other than such as is secreted from nature's font should be given the child, even though there be no appreciable secretion of milk. Nature has provided in the mother's breast her own cathartic, and its action must not be interfered with through anything which the officious nurse may think it necessary to give. There is no fear of the child starving for the first twenty-four or thirty-six, or even forty-eight hours of its existence.

Art, with all its wonderful ingenuity, cannot improve on nature's methods. Through an experience of many thousands, and tens-of-thousands, and, probably, millions of years, nature has evolved in the case of the woman an apparatus for the care of the young of the species which science and art cannot improve upon, and all of man's attempts in this direction are doomed to failure from the beginning. It is time enough for man to interfere when it becomes apparent that nature has been thwarted in her method. The most successful accoucheur is he who is the most diligent and docile student of nature.

[The College and Clinical Record.]

THE TREATMENT OF TYPHOID FEVER.

BY PROF. J. M. DA COSTA.

1. HYGIENIC.—Place the patient in a large, well-ventilated room, so that he may get *plenty of fresh air.* Allow but one person (nurse) with him. Keep friends away. Enjoin cleanliness. Keep patient washed twice daily with vinegar and water, or a solution of permanganate of potassium. Disinfect the dejections with carbolic acid or chloride of zinc, etc.

Nourishment.—There are times when the patient is weakest, as in the early morning; this is the case in all low fevers. Nourish him every two hours with beef or mutton broths, alternating with milk. Other broths, as chicken, etc., may be used. If the patient craves for more solid food, allow him at the mid-day meal a little arrow-root boiled in milk, or a soft-boiled egg. Excepting these allow no form of solid aliment until convalescence is completely established, and even then be careful. *Be sure to feed the patient between* 4 A. M. *and* 5 A. M.; even wake him at this time, to feed him. Allow a liberal supply of water, or toast-water, ginger syrup and water, or claret and water. It will keep the kidneys washed out.

2. MEDICAL TREATMENT.—Different plans have been instituted:

1. Quinine, which has been justly abandoned.

2. The mercurial plan—calomel, grs. v–x per diem, at the first stage of fever—said to modify the intensity of the fever process. Not an effective plan.

3. Carbolic acid, gtt. j–ij, in mint water, every two hours. This remedy is not to be relied upon.

4. Iodine treatment, as Lugol's solution, gtt. ij, four times a day. This promises something good in the way of treatment.

5. The plan used by DR. BARTHOLOW in the following combination:

℞ Acidi carbolici, f ʒ j.
Tinct. iodinii, f ʒ ij.

Dose, gtt. j–iij, every two or three hours.

This is a good plan of treatment.

6. My own plan is by the use of mineral acids. Those that use this plan in Germany prefer sulphuric acid; in England, hydrochloric; in France, phosphoric, and in America, nitro-hydrochloric acids. Of the last an ordinary prescription is ♏xx of the dilute acid in simple elixir. This will also control, to some extent, the diarrhœa.

Do nothing else if you can possibly get along without, but guard against complications, and treat them immediately as they arise.

The first prominent symptom to be noticed is the *diarrhœa.* If there are but three stools, unless they be unusually large, do nothing. If very profuse, give a little tinct. opii camphorata at night, or an opium suppository, gr. j. Should this fail, use—

℞ Bismuth subnitrat, gr. x–xx.
Opii, gr. ss–j.

Every three hours.

If this fails, try carbolic acid, gtt. j, with morphine sulph., every three hours. Often cupri sulph., gr. $\frac{1}{12}$, with opium, gr. $\frac{1}{8}$, is very effective.

For the Tympany, cold applications, or injections of vinegar, f ʒ j–ij to water Oj. Internally administer turpentine, gtt. vij, in emulsion, with morphine, gr. $\frac{1}{48}$. Often strychnine is useful, but secondary to the above.

Thoracic Symptoms.—The pulmonary congestion occasions cough; the patient's position must therefore be changed frequently. If the patient is not too feeble use dry cups. The internal use of turpentine is of avail when marked fever is associated with the congestion. Do not give expectorants. If there is a large accumulation of mucus, use aromatic spirits of ammonia.

Sustain the Circulation by quinine in tonic doses, gr. vj–x, in the twenty-four hours, but alcohol is the best, repeated in small doses, to keep up the heart's action. In the early morning increase the dose. Under stimulus the pulse of 150 should come down to 120 or 110.

The first sound of the heart is the key to the amount required. From four to ten ounces may be necessary. For nervous symptoms, as headache, delirium, etc., give opium with camphor or with belladonnæ. Chloral is the most useful, but do not give it when the heart is weak.

For high fever, cold water is excellent. Put the patient in a bath until the temperature of the water gets to 72° F. The tendency to intestinal hemorrhage is greater in this treatment than by quinine, which is next in importance, and should be given in doses of ℈j–ʒss in the day.

For intestinal hemorrhage, ergotin, gr. ij–vij, hypodermically, or fʒj fluid extract of ergot may be given every hour or two. Sulphuric acid is also useful. Opium, to keep the bowels at rest, is indispensable. Cut down milk and stimulus now.

Spreading tenderness (Peritonitis). Tinct. opii deodorat., gtt. x every hour, and gr. j opium suppository at the same time. The suppository must not be repeated for four hours.

Should the patient have *parotiditis*, ice is the best treatment; also tinct. ferri chloridi, to enrich the blood.

For the *functional palsies* use strychnine.

TREATMENT OF ABORTION.

BY W. C. BRITTAIN, M. D., COCHRANTON, PA.

I desire to write upon the subject of the treatment of abortion, because I have been satisfied with the results of my treatment of such cases.

When I am called to attend a case of threatened abortion, my first object is to arrest it if possible, which I have succeeded in doing in a large number of cases.

If there is even much flooding and dilatation, so as to admit of the introduction of the finger, so as to feel and know with certainty that pregnancy exists, I have often arrested it, and had my patient go to full time and all be well.

The first thing in the treatment is absolute quiet in every particular, light and nourishing diet, and if the pain and flooding are prominent, I direct the use of a cold compress over the lower part of the abdomen, using a bandage quite tightly pinned to hold it in place. I would not advise the use of the water too cold at first, but after a few applications it can be borne cold, and I have never seen any trouble arise from its use in any way, and I know it will arrest pains and stop hæmorrhage, and as for internal treatment, I use small doses of tr, of bark of cinnamon and tr. of cimicifuga.

℞ Tr. cimicifuga racemosæ.
Tr. cinnamomi ää, ʒij.
Aquæ, ℥iv.
M.

Sig.—One teaspoonful every four hours.

If any one does not believe it, try it.

Now I come to a case when nothing will arrest it. I then finish it up as fast as possible; I find the most trouble where the pregnancy has advanced from one to three months. I do not leave any of it to nature and hope that all will be well. As soon as I find that part has passed away, which is often the case, then is where the danger comes in, for not infrequently the woman flatters herself that all is over, when, in fact, the fœtus has past away, but the small placenta remains, and her trouble has really only commenced.

At this time I have always adopted one practice, and that is to remove everything that ought to be removed, and I do so by introducing my finger and removing every particle that may be within the uterine cavity. If I cannot reach it I introduce my hand within the vagina so that I can reach it. I have had sometimes to dilate the os so as to do what I desired. I have not found it difficult to do so; while one hand presses the uterus from the outside the finger inside can do the work.

In conclusion, I will say that I have never had a case of blood-poisoning where I have so managed such cases, but have been called to attend cases, not infrequently, where several weeks had passed, when blood-poisoning had begun from the effects of a retained placenta, where the party supposed all had come away. I will add that in my experience after three months of pregnancy, the danger is not so great as at an earlier period, as the nearear full term the more natural the process.

Correspondence.

GOOD HEALTH-RESULTS FROM SANITARY WORK.

Sanitary authorities have claimed that the sanitary work which they have recommended to be done as a preparation for cholera,—such as preventing and abating nuisances, attending to drains, sewers, privies, and cess-pools, cleaning up generally, and unusual carefulness in regard to foods and drink,—would reduce the sickness and deaths from other diseases, even if cholera did not come. The weekly reports for July, 1885, to the Michigan State Board of Health, by physicians in different parts of the State, indicate that this claim is being realized in Michigan, so far as relates to the lessened sickness,—it having been lessened from nearly

every disease, and greatly lessened from fevers and from diarrhœal and from other diseases believed to be especially influenced by sanitary conditions; and this is true, notwithstanding the meteorological conditions in that month were rather more than usually unfavorable to health. It is proper to state, however, that the sickness in any month is influenced by the meteorological conditions in the preceding month, and that the meteorological conditions in June, 1885, were favorable to health.

Observations in Michigan for many years have shown that in July the meteorological conditions especially unfavorable to health are: high temperature, excessive humidity of the atmosphere, and deficiency of ozone. The bulletin of "Health in Michigan, July, 1885:" "For the month of July, 1885, compared with the average or corresponding months for the seven years, 1879 to 1885, the temperature was slightly higher, the absolute and the relative humidity were more, and the day and night ozone were less. Compared with the average for the months of July in the seven years, 1879 to 1885, remitent fever, intermittent fever, dysentery, consumption of lungs, cholera infantum, diarrhœa, cholera morbus, measles, and whooping-cough were less prevalent in July, 1885."

A large part of this decrease in sickness has, undoubtedly, been due to the medical and sanitary journals and the newspapers, which have constantly kept before the people the necessity for sanitary work and the facts as to the spread of cholera in Europe.

It remains to be seen to what extent efforts for the exclusion of cholera from this country, and the general preparation for cholera by boards of health and the people, shall prove effectual, but even if cholera shall not be entirely prevented, there will remain the belief that the measures which have so generally decreased sickness from other diseases cannot but have had their influence in decreasing it; and if cholera does not occur in this country, it seems quite reasonable that, by reason of the suffering elsewhere, there may be as many cases of serious sickness prevented in this country as there have been cases of cholera in Europe. But this may not continue without continued vigilance and effort.

HENRY B. BAKER,
Secretary.

OFFICE OF THE STATE BOARD OF HEALTH,
Lansing, Michigan, August 12, 1885.

Health in Michigan in July, 1885, compared with the average in July for the seven years, 1879–85:

Diseases arranged in order of greatest diminution of sickness in July 1885.	Per cent. of reports stating presence of disease.		Per cent. of reports more (+) or less (—) in July 1885, than the average for July 1879-85.
	In July 1885.	Average in July 1879-85.	
Remittent fever	30	51	— 21
Dysentery	15	32	— 17
Intermittent fever	65	82	— 17
Consumption of lungs	48	63	— 15
Cholera infantum	20	33	— 13
Diarrhœa	62	74	— 12
Cholera morbus	39	49	— 10
Measles	8	17	— 9
Whooping-cough	14	22	— 8
Pneumonia	10	16	— 6
Typho-malarial fever	10	15	— 5
Diphtheria	11	16	— 5
Bronchitis	41	46	— 5
Rheumatism	59	64	— 5
Inflammation of kidney	17	21	— 4
Scarlet fever	11	14	— 3
Typhoid fever	6	8	— 2
Membranous-croup	1	2	— 1
Small-pox	0	1	— 1
Inflammation of bowels	16	17	— 1
Influenza	18	19	— 1
Erysipelas	21	22	— 1
Neuralgia	58	59	— 1
Puerperal fever	6	6	—
Inflammation of brain	6	6	—
Cerebro-spinal meningetis	8	5	+ 3
Tonsilitis	36	32	+ 4

It will be seen that there was less sickness than the average for July from nearly every disease reported. From only two, cerebro-spinal meningitis and tonsillitis, was there an increase.

SALIX NIGRA.

I desire to submit a few notes covering my use of salix nigra, based on an experience of five years. During a practice of fifty years I have not employed an article of the materia medica, which has yielded more satisfactory results. The following are illustrative cases:

A farmer, aged 30, and married, consulted me and complained of inordinate sexual appetite. He confessed to frequently copulating six times during the night. His health was much impaired in consequence, as was also that of his submissive spouse. I ordered teaspoonful doses of fluid extract of salix nigra buds (P. D. & Co.) three times a day. At the end of ten days he reported a very marked cooling off in his passions, he having during the week preceding the report improved his marital privilege only once.

A lady, aged about 35, suffered for sixteen years with dysmenorrhœa. Her sufferings were extreme, and she had been under the care of many physicians. I made a diagnosis of ovarian neuralgia, and prescribed salix nigra buds, with the effect of bringing complete relief at the end of a month's treatment.

Another lady, 33 years of age, applied for uterine treatment, but an examination of her case convinced me that her case was rather of ovarian origin. Teaspoonful doses of fluid extract of salix nigra buds were administered three times a day. After a four-ounce bottle

had been taken she reported herself entirely relieved of the pain for which she had consulted me.

Other cases illustrative of the effect of this drug in relieving dysmenorrhœa of ovarian origin might be given from my notebook, but let the above suffice to direct the attention of the profession to this comparatively unknown therapeutic agent. It seems to have something of a specific action over the nerve supply of the sexual apparatus, in both male and female. It has yielded eminently satisfactory results in the treatment of masturbation, and in a case of ovarian epilepsy it brought complete relief. I strongly recommend its employment in all sexual disturbances of a hyperæsthetic nature, and would be pleased to see reports of its trial in this direction at the hands of my fellow practitioners.

F. F. PAINE, M, D.

COMANCHE, TEXAS.

The frightful ravages of cholera in Spain continue, over 50,000 inhabitants of that unfortunate country having died of the disease. For a time confined to a limited area in its depredations, it has at length burst through its boundaries and has reached France, where, in Marseilles, the scenes of a year ago are being re-enacted. How soon the pestilence will strike the routes of travel and start on its journey to this country, no one can tell. Fortunately it manifests none of its old-time rapidity of progress, and there are those sanguine, enough to believe that should its germs reach these shores they need cause none of the alarm aroused by previous visitations, the improved sanitation of the past decade having deprived them very largely of the food on which they grow. Doubtless this country is in a better condition than ever before to resist invasion, but extreme vigilance is the price of immunity, and the work of sanitation must not abate.

The poverty of DR. WARBURG, who devised the formula for the tincture bearing his name, is again being made the subject of comment. The doctor is now upwards of eighty-one years of age, and is in destitute circumstances. It is alleged that had he kept his formula a secret, he might have been in affluence instead of poverty in his old age. While he manufactured the compound himself it yielded him a good income, but he was induced to make public its composition, and soon druggists began to supply the product, thus cutting off his revenue. The case is cited as an illustration of the injustice of the professional demand, that none of its members shall keep secret any formula or device. But, while the sympathies of the profession must go out to DR. WARBURG in his destitution, we think this application of his case is specious and unfair.

The Medical Age.

A SEMI-MONTHLY REVIEW OF MEDICINE.

JOHN J. MULHERON, M. D., Editor.

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Editorial.

GENERAL GRANT'S CASE.

DR. GEORGE F. SHRADY, one of the attendants on GENERAL GRANT during his last illness, gives an interesting resumé of the case in the Medical Record, of the 1st instant, detailing the course of the disease and the means adopted for its palliation; for, recognizing the essentially incurable nature of the affection, in the light of existing knowledge, no serious attempt was made to eradicate it, either by surgical procedure or the exhibition of drugs. The first symptoms directing attention to the throat appeared early in June, 1884, when a sense of soreness in the right tonsillar region was complained of. In October one of the lymphatics under the right angle of the lower jaw was found to be enlarged, and DR. FORDYCE BARKER, the family physician, was consulted. DR. BARKER, recognizing the gravity of the symptoms, referred the case to DR. J. H. DOUGLAS for special treatment. DR. DOUGLAS, discovering the ulcerative process which had just commenced in the right posterior faucial pillar, made a diagnosis of epithelioma, his diagnosis being confirmed by microscopical examination. The course of the disease from that time is too familiar, even to the lay public, to require mention. The public and the profession alike were informed from day to day of the progress of the destructive process, and of the accompanying constitutional derangement. All will recall, too, the public joy and the suspicions of error in diagnosis aroused by the very marked improvement in the case, in April, and the sneers at science indulged in in quarters from which much better things were reasonably to have been expected.

Early in the disease, in order to eliminate every possible chance of error in diagnosis, the patient was put on specific treatment, although there was no clinical evidence of its necessity. This did not, however, in the least modify the condition of the sore or influence the progress of the disease. Iodoform was applied to the ulcers and various antiseptic gargles were employed,

such as salt and water, dilute carbolic acid, solutions of permanganate of potassium and yeast. Cocaine was also applied, but not to the extent that was popularly supposed. Red clover blossoms were given quite constantly, but without any other effect than producing slight laxation. While the patient's desires regarding the nature of his diet were always consulted, his food consisted, essentially, of beef-extracts, milk, eggs, and farinaceous materials in a liquid form.

Much to the regret of the attending staff, and, we may say, to that of the profession at large, no autopsy was permitted, the family giving as their reason for the refusal their full confidence in the diagnosis and the treatment employed.

The disease terminated more rapidly than it usually does, its course having, doubtless, been aggravated by the depression due to the unfortunate circumstances which embittered the closing years of the hero's life.

The cause of the disease is largely conjectural. Epithelioma, unlike other forms of cancer, is not a hereditary disease, but starts, as a rule, from local irritation. The irritation in the present case was probably caused by the patient's habit of excessive smoking, this assumption being made in the face of the fact that, of the thousands who smoke, but a small porportion suffer from this disease. There is, probably, a more pronounced latent tendency towards cancerous trouble in individual cases than in the majority.

Happily the breathing of the patient was never affected by the involvement of the parts around the windpipe, nor was the œsophagus involved to the extent of impeding deglutition. The cancer presented the unusual feature of first attacking the side of the throat rather than the tongue, which is the most frequent seat of attack. The sloughing process in the throat during the progress of the disease explained much of the exhaustion during one of his critical periods. But for this circumstance the epithelioma would have taken its usual course, and the public would not have mistaken the extension of the inflammatory process for that of the cancer, and would not have been ready to believe that the original disease was disappearing when the slough was thrown off. The patient at that time was better of the complication, but not of the cancer; the latter never changed, but for the worse.

Nature threw out her safeguards in the shape of dense deposits around the branches of the carotid artery and jugular veins, and thus at no time was erosion of the walls of the large vessels seriously feared.

The pain, although more or less constant and of a gnawing character, was, happily, never of that agonizing nature which is frequently associated with cancer, and was readily kept under control by the exhibition of minute doses of morphine and the local application of cocaine. Had the pain grown intolerable, the staff stood ready to divide the gustatory nerve. This latter procedure was, however, at no time suggested by the severity of the suffering and without it the last wish of the patient that his death should be a peaceful one, was fully realized.

DETROIT CREMATION SOCIETY.

A cremation society has been organized in this city. The members pay annually into the treasury a sum, to be hereafter fixed upon, which insures for them the reduction of their remains to ashes in the case of their death. Some eighty members have already been secured, and it is hoped that the income will, within a short time, be sufficiently large to construct a crematory here, so that the expense and inconvenience of transporting the remains of deceased members to one of the two or three existing furnaces in this country may be avoided. The impetus to the formation of the new society was given by the incineration of the mother of DR. HUGO ERICHSEN, of this city, whose body was taken to Lancaster, Pa., and submitted to the process in the furnace at that place. The local papers have, by their published accounts of the affair, brought the question of this means of the disposal of the dead prominently to the consideration of our citizens, and it is quite possible that a sufficient interest may be aroused to make the new society a success. It starts out, however, very heavily handicapped by prejudice, and its prospects must for a very considerable period be rather unpromising. Of the merits of incineration as compared with inhumation, there is no doubt, from both a sanitary and an economical point of view, but it will be a long time before the people can be educated up to an acceptance of the new method. We have on a previous occasion reviewed the advantages of cremation, and need not repeat the arguments here. Doubtless, the future of the process rests very largely in the hands of the medical profession, but most medical men, while yielding intellectual assent to its superiority, will continue for a long time to be backward in giving it that open, practical support and advocacy which must usher in the reform. The clergy may be said to be quite unanimously opposed to it, and their influence is probably too strong for the present generation to overcome. This influence is wielded in a channel in which argument from a scientific standpoint has little force. The impression is general that inhumation is the method fixed by the authority of the church, and to advocate incineration for it, is tantamount, in the minds of the people, to a renunciation of the Christian religion, and, as a matter of fact, those who are most active in

agitating the reform are such as have either repudiated the church altogether—free thinkers, so-called—or have ceased to yield it formal obedience. Were the clergy to advocate, as they consistently might, the substitution of rapid oxidation for the method now in vogue, which takes years to accomplish the same end, crematory furnaces would, within a comparatively short period, be erected in every populous centre in this and all other Christian countries. Until our spiritual advisers, however, come out on the side of incineration, crematories will continue to be unfashionable, and unless a thing is in fashion, it is liable to droop and die in spite of its demonstrable merit.

PARALDEHYDE.

The physician can ejaculate "Amen!" with unction, to the sentiment "Blessed be the man who invented sleep." In no merely figurative sense is sleep "tired nature's sweet restorer," and few articles of the materia medica are of more importance than the hypnotics. The latest addition to this class is paraldehyde, and the limited use which has been made of it is sufficient to establish it as a valuable addition to the therapeutist's armamentarium. It, probably, excells all others of its class, in effectiveness and harmlessness.

Paraldehyde is an isomeric modification of (acetic) aldehyde, which is an organic compound between alcohol and acid, derived from alcohol by the abstraction of two atoms of hydrogen, and is converted into acetic acid by the addition of one atom of oxygen. Paraldehyde has a powerful odor, and at ordinary temperatures is a colorless, inflammable fluid, of a specific gravity of 0.998—just a trifle lighter than water. Its odor while in some sense objectionable, is a safeguard against its clandestine use, thus giving it an advantage over chloral hydrate. The drug, although long known to chemists, was first employed in medicine by Dr. Cervello, of Palermo, Sicily, in 1882. He first exhibited it to rabbits, and afterwards took a drachm of it himself, with the effect of producing a heavy drowsiness, which passed off without any unpleasant effect. Subsequent use of it soon established it, in his mind, as a valuable hypnotic, devoid of all danger, unless taken in larger quantities than anyone would think of taking except with suicidal intent. The sleep produced by it is prompt and calm, resembling natural sleep. It may be given in most cases in which a hypnotic is desired, as in mania, hypochondriasis, delirium tremens, and the multifarious conditions attended by insomnia. It is not depressant in its action on the heart, and herein possesses a great advantage over chloral hydrate.

The only contraindications to its use are irritable and inflamed states of the throat and stomach. Its pungency not only naturally contraindicates its employment in such cases, but admonishes to its exhibition with diluents and correctives. The following formula has been found effective :

℞ Pulv. tragacanth. co., gr. xx.
Syrup aurantii cort., ʒ ss.
Paraldehydi, ʒ j.
Spts. chloroformi, ♏xv.
Aquam, q. s. ad ʒ iij.
M.

In mild cases this mixture taken at bedtime is sufficient to produce sleep, but in severe cases its repetition may be found necessary in an hour or so. Combined with morphine or with the bromides the soporific effect of both seems to be enhanced. In the insomnia of inflammatory fever, chloral hydrate is preferable to paraldehyde.

BELLADONNA AS A REMEDY FOR CHOLERA INFANTUM.

Dr. W. B. Ryan, of Willow Branch, Ind., in the July number of the American Practitioner, supplements an article in a previous number of the same journal, by a more emphatic endorsement of belladonna as a remedy in the treatment of cholera infantum. The fluid extract, given alone, will, he says, promptly control the vomiting and purging in these cases. He advises that the parents of the patient be informed of the possible appearance of the characteristic rash, otherwise the physician may be summoned unnecessarily. While he always gives belladonna in cholera infantum, he frequently combines other drugs with it, and the following is a favorite prescription:

℞ Ext. belladonnæ fluidi, ʒ j.
Tr. opii camph., ʒ iss.
Sodii sulphitis (vel bicarb.), ℈ijss.
Syr. limonem q. s., a. d., ʒ iij.
M.

Sig.—For a child of one year a teaspoonful every three or four hours, if necessary to control vomiting and diarrhœa.

To be followed by tonic treatment something like the following:

℞ Sulphate of quinine, gr.xxjv.
Hall's solution.
Fowler's solution ää, gtt.xlviij.
Aquam dest. q. s., a. d., ʒ j.
M.

The quinine should be dissolved in acidulated water and the other ingredients added. The dose is ten drops in a teaspoonful of elixir of liquorice.

We can bear testimony to the great efficacy of belladonna in cholera infantum, although we have never employed it in such large doses as those recommended by DR. RYAN. The physiological action of the drug suggests its use in this affection, and clinical experience demonstrates its value. In a recent case a neglect of Dr. Ryan's precaution in regard to advising the parents with regard to the possible appearance of the eruption, we received a telephonic summons to hasten to see the child on account of a "great breaking-out." A few words of explanation allayed all fears and saved us the necessity of a visit during a pelting rain storm.

Notes.

"GRANT'S Memorial: what shall it be?" is discussed in the September number of the North American Review by LAUNT THOMPSON, KARL GERHARDT, O. L. WARNER, and WILSON MCDONALD, sculptors; W. H. BEARD, painter; CALVERT VAUA, and HENRY VAN BRUNT, architects; and CLARENCE COOK, art critic. The same number of the Review contains a consideration of the question, "Shall Our National Banking System be Abolished?" by GEORGE S. BOUTWELL, F. J. SCOTT, S. DANA HORTON, and EDWARD H. G. CLARK. "OUIDA" contributes an essay on "The Tendencies of English Fiction;" and ELIZABETH STUART PHELPS writes on "The Great Psychical Opportunity." But the most readable article in the number is EX-SERGEANT-AT-ARMS FRENCH'S "Reminiscences of Famous Americans," which is a series of delightful anecdotes about the famous war senators. MR. FRENCH is writing a book of these reminiscences. If it equals this forestallment in the Review, it will be one of the famous works of modern literature.

The compositor in setting up the list of standing committees of the Michigan State Medical Society in our last, made DR. W. H. DELAMB chairman of the committee on surgery. Had the chirography of the copy been more Spencerian in its excellence, he would, in all probability, have given the name of the chairman as DR. W. H. DECAMP, as it should have been. Correspondents in writing proper names should be particularly careful in their penmanship.

In Michigan the owner of a dog is assessed a dollar a year for his privilege. In Tennessee they assess the owner of a medical diploma fifty cents. The Battle Creek Moon draws from these statements the conclusion that it is cheaper to be a doctor in Tennessee than a dog in Michigan, and advises its readers to be a biped healer of men rather than a quadruped bayer of the moon.

According to the Iowa State Medical Journal it requires comparatively little knowledge of medicine, and very little moral character, but a very large amount of the qualities known as gab and cheek, to ensure success for the practitioner, among the Iowese. Dress, too, goes a good way in effecting an entrance into the confidence of these strange people.

If any one asks you "What is cocaine?" don't give an evasive reply. Speak up like a man and tell him: "May be its none of your business, but if you really want to know I'll tell you, on the authority of an expert chemist, only don't repeat it to everybody. Cocaine is methyl-benzomethoyxethyltetrahydropyridinecarboxylate."

A Texas youth, better up in etiology than in arithmetic, was asked by his teacher: "Suppose eight boys have between them 48 apples, 32 peaches and sixteen melons, what would each one of them have?" "Cholerer morgus," promptly replied this son of a pap-chewing mother.

Correction.—The article on Prostatotomy, in July 25th issue of the MEDICAL AGE, has an error in the name of the author, which should have read DR. G. A. HARMAN, instead of DR. C. A. HARMON.

Book Notices.

MANUAL OF NERVOUS DISEASES AND AN INTRODUCTION TO Medical Electricity. By A. B. Arnold, M. D., Professor of Nervous Diseases and Clinical Medicine, College of Physicians and Surgeons, Baltimore, Md. With Illustrations.
New York: J. H. Vail & Co.

This book is especially designed for the needs of the beginner in the study of the diseases of the nervous system, the author, from a long experience as a teacher of this specialty, having become satisfied that the ordinary standard works on the subject are not suited to this end. It opens with a brief resumé of the anatomy and physiology of the nervous system. This is not as complete as it should be if it is intended to furnish the beginner with a sufficient foundation in these divisions of the subject, for the necessary skill in diagnosis. It would answer admirably as a freshener of such beginner's necessary knowledge obtained from the more complete treatises, but should not be regarded as a sufficient consideration in itself. Chapter II, on General Symptomatology, is a good one, but its fullness is also sacrificed to brevity. Chapter III, on Medical Electricity, presupposes a knowledge of the various forms of

electricity and gives important suggestions as to their application and applicability. Chapter IV, on Special Pathology and Therapeutics of Nervous Diseases, and the remaining chapters on the special nervous disorders and the classical neuroses, must prove very helpful to the beginner and serve as an excellent preparation for the reading of more comprehensive treatises. Taken as a whole the book may be regarded as a good one for the class of readers for whose use it is intended, provided it be read simply as a beginning to more complete and systematic works. The conscientious student will thus read, but those who may regard it as a sufficient preparation for the practice of this special division of medicine will find it to fail of such an end.

Formulary.

FOR ASTHMATIC ATTACKS.

PROF. ROBERTS BARTHOLOW has found the following an excellent combination:

℞ Ext. grindeliæ robustæ, fl., ℥ ss.
Ext. lobeliæ fluidi, ʒ ij.
Ext. belladonnæ fluidi, ʒ j.
Potassii iodidi, ʒ iij.
Glycerini, ℥ iij.
M.

Sig.—A tablespoonful as required.—*College and Clinical Record.*

SALICYLIC PASTE FOR ECZEMA.

The following is known as LASSAR'S Salicylic Paste, and recommended as an application in eczema, both papular and squamous:

℞ Acid salicylici, gr.ij to jv.
Vaselini, ʒ j.
Zinci oxydati.
Amyli, aa, gr.xxv.

M. et. ft. pasta.

A DIURETIC MIXTURE.

℞ Spts. juniperis co., Oj.
Ferri sulphatis, ʒ ij.
Potassii acetatis, ℥ ss.
Ext. digitalis fluidi, ʒ ij.
Syr. scillæ. ℥ ss.

M. Sig. A tablespoonful three times a day.

—DR. JOSEPH MULLONE *N. Y. Med. Journal.*

FOR PRURITUS ANI.

℞ Acidi carbolici, gr.xx.
Tr. opii, ʒ iv.
Acidi hydrocyanici dil., ʒ ij.
Glycerini, ʒ iv.
Aquam, q. s., ad., ℥ jv.

M. A pledget of lint saturated with this should be worn in the anus.

British Med. Journal.

FOR GENERAL ECZEMA.

℞ Acidi salicylici, gr. ij.-jv.
Vaselini, gr. l.
Zinci oxidi.
Amyli, aa., gr. xxv.

M. Sig.—Rub on parts and cover with cotton.

—*Archives of Pædiatrics.*

FOR COMMON COLDS.

PROF. ROBERTS BARTHOLOW recommends the following:

℞ Codeiæ, gr.j.
Syr. scillæ comp.
Syr. tolu, ää, ℥ ss.

M. Sig. A teaspoonful p. r. n.

INJECTION FOR CHRONIC CYSTITIS.

℞ Ext. hydrastis Canaden. fl., ʒ ij.
Sodii bicarbonatis, ʒ j.
Glycerini, ℥ ij.
Aquam q. s. ad., Oj.
M.

—*Medical Digest.*

Medical Progress.

ANTIPYRINE AS A REMEDIAL AGENT.—The demand for some therapeutic agent that would positively reduce excessive degrees of fever and at the same time not in any wise endanger the patient, has been a desideratum, that appears, from all accounts we have seen, and from a limited personal experience, to have been obtained in the drug, antipyrine.

DR. PAUL GUTTMANN, of Berlin, so favorably known as the author of a volume of Physical Diagnosis, and who has, as medical director of the municipal hospital Moabit, opportunities for clinical and therapeutic studies nowhere excelled, made the consideration of antipyretic drugs the theme of a paper read before the Gesellschaft f. Heilkunde. We omit his remarks on quinine, valuable though they are, because this agent is extensively and well known.

In 1876 salicylic acid was introduced, first as a remedy in acute articular rheumatism, then as an antifebrile in general. But in the large doses demanded for strong antipyrexia the acid as well as its sodium salt, is not well borne by the stomach, seriously affects the ear, and is contraindicated in feeble heart action. Besides the action is not unfailing and above all not rapid enough.

Carbolic acid, kresotinic acid, hydrochinon, and resorcin have all been tried but soon departed from because of their unreliability and disagreeable influences.

The same is true of chinolin, a substance derived from quinine. It is uncertain and feeble

in its effects, and causes distressing nausea and vomiting.

Taking chinolin as a base, the endeavor has been for several years to produce a substance by synthesis, that would answer the demand for a reliable agent. Such a substance is kairine (chemical name, oxychinolinmethylhydruer) that was synthetically obtained by FISCHER, of Munich, and whose therapeutic effects were studied FILEHNE. This drug was first tried, as to its toxicological and pharmacological action, upon animals, then upon man in health, then upon feverish individuals, in small doses first, which were gradually increased to a point of dosage when a definite reaction ensued. Kairine is powerful and certain, and neither quinine nor salicylic acid can rank with it. Kairine, according to GUTTMANN, is given in doses of ½ to 1 grm. two or three times in succession, at hourly intervals. The highest fever could be so reduced to the normal in three to four hours. Profuse sweating ensued. The degree of anti-febrile action could be determined beforehand by regulation of the size of the dose and the frequency of repetition.

But kairine has two serious faults: In the first place its action is too transient. The temperature rises again as soon as the reduction to the normal is attained. And so rapidly, too, as after a cold bath. Two or three hours after the reduction the previous degree of heat is again attained. A second more serious fault is, that the rise is accompanied by rigors, more or less severe; and together with these untoward symptoms there was cyanosis of the face and threatening collapse. For these reasons no great practical application of the remedy was had.

The latest of these synthetic chemicals having chinolin as a base, is thalline (tetrahydroparachinasol). V. JACKSCH, in Vienna, introduced it, and found that doses of ¼ to ½ grm. are invariably followed by a strong reduction of temperature with profuse sweating. There is a tartrate, a sulphate and a muriate of this agent, and all possess this positive and specific action.

Thalline, which derives its name from the green reaction of its solutions with chloride of iron, etc., is even more powerful than kairine. But, like that of kairine, its effect passes rapidly away, and the temperature rises with rigors. Cyanosis and collapse have not been noted by V. JACKSCH and GUTTMANN.

Kairine and thalline were found by PROF. SKRAUP, of Vienna. Previous to the finding of thallin, KNORR, of Erlangen, had prepared a substance containing chinolin, which he called antipyrine after FILEHNE had tested the effects.

Chemically speaking it is dimethyloxychinicin. About one year has passed since FILEHNE'S first publication as to its effects, and the remedy has become a recognized one, not alone in Germany, but throughout Europe, and its use is gradually becoming established with us.

Antipyrine is an antifebrile remedy par excellence. It meets all requirements for practical use, and in all instances acts as a prompt and forcible antipyretic. The degree of reduction of heat is directly in relation to the dosage, and, above all things, the reduction is of considerable duration, and no alarming symptoms attend or follow its administration.

GUTTMANN gave the remedy in 293 cases of varied character, in males and females, old and young.

He treated with antipyrine:

	Cases
Typhoid or enteric fever	58
Phthisis	53
Pneumonia	45
Rheumatism, acute articular	17
Measles	16
Diphtheria	11
Pleuritis	10
Erysipelas	10
Scarlatina	9
Phlegmonous inflammation	9
Variola	5
Intermittent fever	5
Bronchitis	4
Parametritis	4
Tonsillitis	4
Burns	3
Empyema	2
Retained placenta, fever from	2
Febris recurrens	2
Acute miliary tuberculosis	2
Pericarditis	2
Acute peritonitis	2
Suppurative arthritis	2
Acute infectious osteomyelitis	2
Puerperal fever	2
Pyemia	1
Acute cystitis	1
Acute meningitis	1
Acute nephritis	1
Otitis media purulenta	1
Pelvic abscess	1

GUTTMANN has observed that if two doses of two grm. each be given an hour apart, the temperature will sink 1.5° to 2.0°C., or more in a few hours. The reduction is variable in acute diseases, inasmuch, as is well known, they offer different degrees of resistance to methods of reducing the temperature individually, and again in the several stages of their development. Thus, if the fever be continuous, it is less impressed by antifebrile measures than if the type is or has become markedly remittent. Pneumonia and febris recurrens have been found to be particularly unyielding. Large doses, four to six grm., however, will depress these fevers. In the latter stages of enteric fever and in chronic fevers, such as that of phthisis, where we meet with remissions, smaller doses answer. GUTTMANN advises that two grm. be given an adult as an initial dose; this is to be repeated after one hour, unless the fever has gone down considerably; then one grm. suffices as a second dose.

Perspiration, more or less profuse, attends the decline of the fever; this is in no wise a discomfort to the patients.

In regard to the duration of the antipyretic effect, GUTTMANN says that if antipyrine be given in suitable amounts at noon and in the early afternoon hours, that the low temperature is maintained the better part of the night, and that on the following forenoon an approximate degree to that of the previous day is usually attained. Antipyrine may then again be given, and thus a low degree be established the greater part of the period of hyperprexia in acute disease.

No chill attends the rise of fever. GUTTMANN states that to appreciate this, one must have seen the restless and distressing condition of patients to whom kairine has been given.

Occasionally an eruption, resembling measles, is developed, which passes away rapidly.

Children are said to bear the drug well in half grm. doses. An aqueous solution may be

administered hypodermically. Such, however, is hardly called for under ordinary circumstances. The remedy is readily soluble in water or wine, and is easily taken.

The urine is not altered by antipyrine.

Intermittent fever is not at all impressed by antipyrine or kairine. The paroxysm can not be averted; only the degree of fever is favorably modified.

Acute articular rheumatism is modified both as concerns the fever and the pain.

GUTTMANN sums up by designating antipyrine the most reliable, and, in large doses, the most powerful antifebrile agent, and one designed in acute inflammatory conditions to supersede quinine.

From the above its applicability in thermic fever appears to us well grounded. The reduction of fever is of such permanency, as can not be secured at by cold baths and effusions alone. —*Weekly Medical Review.*

THE DIFFERENTIATION AND TREATMENT OF THE VARIOUS FORMS OF ASTHMA.—DR. J. MILNER FOTHERGILL discusses, in the N. Y. Med. Record, August 8th, 1885, in his usual happy style, this important topic. In emphasizing the necessity of properly differentiating the cases presented, in order to treat them intelligently, he says:

When the physician is called into a case of "asthma" his first business is to differentiate the particular case before him, and refer it to its proper class. So soon as this is done the treatment suggests itself naturally therefrom.

In "hay asthma" the existing cause is the pollen of certain plants, and specially the anthoxanthum odoratum. Here avoidance of the cause does away with the whole train of results. If the sufferer can manage it, a sea voyage at the season would save him of his asthma. How far "hay asthma" is amenable to any line of treatment here to be suggested the writer can not say; it is not a malady grave or serious enough to come, or to be brought under his notice.

Primary spasmodic, or bronchial asthma, in persons of neurosal temperament involves two lines of assault. There is the treatment of the attack and the treatment of the interval. When the attack is on, then something which will relax the muscular spasm is indicated. For the last fumes are in vogue. Nitre or touch-paper (brown paper soaked in a strong solution of saltpetre) may be burned. HIMROD'S powder, the solace of the late LORD BEACONSFIELD, is held in high repute by sundry well-known physicians liable to attacks of asthma. Cigars de Jay are the favorite resource of others. With some tobacco is sufficient. With others, cigarettes of datura tatula, or datura stramonium are found serviceable. With most asthmatics these "fuming" remedies give relief—more or less complete; but with others (fortunately for them but a small class) these fuming remedies are useless and inoperative. An emetic is the only measure of any service. In one case where the lean of animals has to be eschewed entirely, on account of the asthma set up by any indulgence therein, an emetic or a bad night are the alternatives. A scruple of ipecacuanha powder at bedtime ensures a fairly unbroken night, but this is a terrible alternative. Food has to be taken early in the day, otherwise the emetic is impotent to give relief. It is a life of misery yet borne courageously. Then local applications by means of vapors (produced by the spray) give relief in some cases. Sulphurous acid, nitrate of silver, and other medicaments have been tried with advantage. At one time lobelia inflata was a fashionable remedy in asthmatic attacks, and is certainly worth a trial in many cases, though a nauseous remedy.

Then as to the treatment of the interval. First and foremost comes belladonna, a potent stimulant to the respiratory centre, while at the same time it relaxes all muscular circular fibre; (this statement is made deliberately). Then ipecacuanha is good, and the two may be combined in pill advantageously. Arsenic often gives good results. Of course the vegetable tonics of all kinds, and hæmatics suggest themselves; it is unnecessary to run over the gamut of tonics. Locality is a great matter. In one place the asthmatic are at ease; in other places residence is one prolonged agony. Change of locality is a matter to be discussed in all severe asthma. In catamenial asthma sometimes it is enough to give belladonna, or bromide of ammonium, as the case may be, at the flux, with some appropriate treatment in the interval. In asthma caused by the inhalation of irritants, change of occupation may be essential to relief. The grinder or mason may enter the police force or enlist. Then there is asthma secondary to an irritable, congested condition of the bronchial lining membrane, catarrhal asthma. Here inhalations of steam, plain or medicated, give great relief. To relax the turgid vascular mucous membrane (see article on bronchitis) is to give relief. It is usually a persistent first stage of bronchitis, of a nrv membrane, with arrested secretion, which starts up the spasm. Fuming remedies here usually rather aggravate than allay the condition. Hence the importance of a correct diagnosis as to the causation of the spasmodic condition when called into a case of spasmodic asthma. How far a chronic irritable condition of the bronchial lining membrane underlies recurrent asthma is a subject needing further investigation; it seems probable enough. That such a condition should exist in persons of the neurosal diathesis—the chosen subjects of asthma—is in harmony with one's experience of such persons; a distinct class, having features of its own. Asthma, neuralgia, migraine, dyspepsia, neurosal skin affections, as herpes, in women dysmenorrhœa and disturbances called hysterical, are the maladies which these "neurotics" step into as part of their inheritance.

Cardiac asthma carries with it its own appropriate treatment. Here the matter par excellence is the distention of the right ventricle, threatening paralysis in diastole. To prevent this untoward event, two measures suggest themselves. One is to relieve the engorged venous system and right heart by venesection; and certainly in all grave cases the lancet should be brought on the scene. Relief being so afforded, the distended muscular chamber can once more contract upon its contents. The other is to flog on the heart by the external application of heat, as hot poultices to the front of the chest, or hot water in an india-rubber bottle (as that used to warm the bed),

and by stimulants. Alcohol (in unstinted quantities if need be), ammonia, digitalis, strychnine, belladonna, all are useful. Sometimes alcohol is the only measure at hand, and must be used freely. In a lone farmhouse the whisky bottle may be the only available medicine. To push stimulants and to bleed at one and the same time are not antagonistic measures; and the combination is indicated in severe cases.

In cases presumably of gouty origin a mercurial followed by a sharp dose of laxative medicine is the first step to take. Indeed, in other cases experience may have taught the sufferer that prompt action upon the liver will commonly avert or abort the attack. Asthma, like epilepsy, is in some cases preceded by the free indulgence of the palate or neglect of the bowels. Attention to the general health and the correction of everything amiss are often as essential as a complete equipment of fuming remedies for an asthmatic.

Asthma (or dyspnœa) of flatulent origin, is a very common occurrence with many persons, and specially invalids. Here, of course, the fuming remedies are useless. Emetics may give relief. Carminatives certainly do. Essence of ginger or peppermint, cayenne in pill with breadcrumb, sal volatile, all are good. But perhaps best of all is the old Scotch wife's plan (advocated eloquently by the late Sir James Young Simpson, Bart.), viz., to put as much black pepper as will lie on a sixpence or a dime into a teacup, and fill half up with hot water; then drink all. This can be repeated at short intervals is necessary.

It is quite clear that in each and every case of asthma, indeed, perhaps every attack, no stone should be left unturned, and every association should be weighed in relation to it. Attention to the causation will guide the treatment in one case; the experience of the afflicted individual at other times is invaluable in giving direction to our therapeutic endeavors. Asthma is a complex matter, with different pathological conditions (speaking of the term in its broadest sense) and varied clinical features. Equally capricious is the malady in its amenability to remedial measures; as variable as a coquette with her favors. What suits one case utterly fails with another—to all intents and purposes as like it as two shrimps are to each other. No one can tell why or wherefore! The locality which is preservative against asthma with one may provoke it with another asthmatic. "A gentleman, mentioned by Dr. Bree, could never sleep in the town of Kilkenny, in Ireland, without being attacked by asthma; and Lord Ormond could never sleep out of the same place place without suffering in the same way."—Forbes.

But, granting all this, it is possible to so approach most cases of asthma as to elicit its associations, and on a correct and ample diagnosis to assail it on a distinct principle, and so to cope with it successfully, provided sufficient pains be taken in each case.

Peptonized Milk-Diet.—In a paper read before the Medical Society of the State of New York, and subsequently published in The Sanitarian, Aug., 1885, Dr. Walter B. Chase discussed this interesting subject as follows:

The value of milk-diet in disease is becoming generally recognized. Being the only single article of food which combines in itself all the elements of nutrition, its use needs no argument, and its wide range of applicability renders it the more useful.

In some individuals, and in certain conditions of the alimentary canal, it is difficult of digestion. In infantile life, when artificial feeding may be required, its use is not always acceptable.

Its inapplicability in the conditions referred to is due largely to the frequent indigestibility of casein.

The acid of the stomach acts rapidly, and coagulates the milk into curds large or small, but sufficiently large as they pass from the stomach to resist the solvent action of the alkaline juices of intestinal digestion, and appear as such in the stools.

For this reason salts of soda and potassa, or lime-water, are added to the milk to retard the rapid action of the gastric juice, and so diminish the primary size of the curds. So, too, farinaceous material is added to the milk for a similar purpose.

In fact, this curdling process of milk in the stomach is the principal obstacle to its universal use as a substitute for mother's milk, and as an article of diet in more advanced life, both in acute and chronic disease.

During the summer months young children fed partially or entirely on milk, are liable to suffer from intestinal irritation and inflammation from this cause.

This is a matter which has engaged the thought of most medical men.

Dr. J. Lewis Smith pointed out the fact that in diluting cow's milk for babies' use, it was better accomplished by the addition of barley-water instead of water, the former making a solution of the casein rather than a mixture, and thus step by step these difficulties have in a degree been overcome. While much has been accomplished, perfection is not reached. Happily, as both the physiology and chemistry of digestion have become better understood, a more careful study of the digestive ferments and their practical application has become established. Peptonized milk seems, in some good degree at least, to meet the required indications.

This can be accomplished briefly as follows: To a pint of milk raised to a temperature of about 100° F., not below the normal heat of the body, add five grains dry extract pancreatis dissolved in a little water; afterward stir into the milk fifteen grains potassium bi-carb. Keep the milk at the temperature already indicated until the addition of some acid—strong vinegar will answer—fails to coagulate a small portion of the milk removed for that purpose.

The degree to which the milk should be pancreatized will be best ascertained by its digestibility. It may require from fifteen minutes to an hour, or more.

This process may be arrested by boiling the milk, or, better still, that the temperature be lowered by putting it into a refrigerator and keeping it at a lower temperature, when it may be warmed for use.

The value of pancreatized milk seems to be that it is easy of digestion and assimilation, and is almost entirely absorbed.

To a patient fed exclusively on milk given

when alkaline or lime-water has been added, the undigested curds may accumulate rapidly in the lower intestines, requiring frequent evacuation, grea ly to the annoyance, and may be to the injury, of the patient.

In fact, common experience goes to show that much care is often required on these troublesome accumulations, if not impactions.

Milk when heated as suggested seems thinner, and is more acceptable to the taste and stomach, than clear milk, while its sustaining power is evidently increased. I give one or two examples of its use.

A young man recently under my care, suffering from general idiopathic peritonitis from blcod-poisoning by sewer-gas, took from one to three pints daily, which was his only nourishment save a little chicken-broth and cocoa. His stomach, though very irritable, tolerated the pancreatized milk after beef-tea had been repeatedly injected. His bowels were confined for a period of about ten days by the active exhibition of opiates, and allowed to move spontaneously on the subsidence of the inflammation. His strength was well sustained, and he made a prompt recovery, but notwithstanding the period of time which elapsed before the bowels were opened the fecal accumulation was small. I know of no other method by which the system could have been so well nourished..

DR. CORNELIUS ALCOTT, of Brooklyn, related to me a very interesting and instructive instance of the supporting power of peptonized milk, in the case of a man passed middle life, suffering from scirrhus of the kidney.

The disease had reached a point where the stomach would tolerate neither medicine nor the food already used, and death seemed imminent, but life was prolonged for a period of more than two years by this diet alone.

During this time he suffered little or no pain, though the malignant growth filled a large portion of the abdominal cavity, and extensive secondary deposits had taken place.

In a patient now under my care, suffering from a suspicious omental growth, causing interrupted intestinal obstruction, in which there has been for days absolute incapacity to of the stomach to take any food, a mixture of strong beef-tea and peptonized milk in equal quantities, as an enema, has been retained, and by it the patient has been fairly well nourished and his strength sustained.

[NOTE.—We learn that a line of pancreatin preparations for peptonizing milk and various other foods has been recently introduced by MESSRS. PARKE, DAVIS & CO., among which peptonizing tablets may be mentioned as especially convenient for physicians.—ED.]

THERAPEUTIC APPLICATION OF CHLORAL HYDRATE.—In an editorial in the Medical Bulletin for Aug., 1885, the following interesting résumé of the action and application of chloral is given:

We are indebted for almost all of our knowledge of chloral hydrate to the experiments made by LIEBREICH upon animals. These experiments, and subsequent clinical observations, have demonstrated that it is an efficient anti-spasmodic, as well as a valuable sedative and hypnotic. It is not, however, a true anodyne. Its power to control or lessen pain is limited to the pain of spasm. It has no direct power over the pain of inflammation or of traumatism.

Chloral hydrate is soluble in four parts of chloroform, and in less than its own weight of alcohol, water, or ether. It also dissolves readily in glycerin and in the fixed and volatile oils. Owing to its ready solubility, if diffuses into the blood with great rapidity, and produces its characteristic effects in a few minutes. It lowers the temperature, lessens the irritability of the nervous system, and in medicinal doses diminishes the quantity of blood in the cerebrum. It also lowers the arterial tension, and renders the fibrin of the blood less coagulable. In sufficient doses, it produces sudden, calm, and refreshing sleep, unless there be an insusceptibility to its effects. An excess of traumatic or inflammatory pain will also be an insuperable obstacle to its action.

Chloral is an effective remedy in sea-sickness, and in the vomiting of pregnancy when due strictly to an irritability of the gastric filaments of the pneumogastric nerves. It is also of value in that form of nervous vomiting which occurs among feeble individuals during hot weather. Though chloral cannot allay the pain of inflammation, it is useful in pleuritis, pericarditis, peritonitis, pneumonitis, and other inflammatory affections, because it lessens the fever, quiets the restlessness, and thus indirectly facilitates sleep. For this reason it is one of the most valuable remedies in the treatment of scarlet fever. It is equally efficient in the simple fevers of childhood. In the treatment of whooping-cough it ranks only second to quinine. Laryngismus stridulus can be aborted, and impending attacks prevented by the administration of five to ten grains of chloral. Infantile convulsions can be quickly arrested and their return prevented in the same manner. If the child cannot swallow, the requisite quantity can be given by the rectum. Spasmodic asthma, and the periodical attacks of difficult breathing which accompany emphysema, may be relieved by chloral. Puerperal convulsions are arrested by full doses of this remedy, but it should not be depended upon in this affection to the exclusion of other means. If the patient is unable to swallow, it should be given hypodermically or by rectal injection. Chloral is very effective in nocturnal incontinence of urine due to excessive irritability of the bladder. It is also of value in lessening the rigidity of the os uteri, in alleviating the spasmodic pains of the first stage of labor, and in removing the after-pains. Obstinate cases of chorea, where the movements are so violent and continuous as to prevent the patient from taking the requisite amount of food and rest, are remarkably benefited by large doses of chloral. According to BARTHOLOW there is no single remedy so effective in the treatment of cholera or severe cases of cholera morbus as chloral administered hypodermically. It is equally efficacious in cholera infantum. It is the direct physiological antidote to strychnine and to picrotoxin, and it is one of the most valuable agents we possess for the treatment of tetanus. It at times gives instantaneous relief to gastralgia, hepatalgia, and the various forms of colic, and it occasionally affords marked relief from

the terrible pain of carcinoma. It is the most certain of hypnotics in delirium tremens. It is especially successful in the condition of nervous excitation preceding the attack. It must, however, be used with caution in old drunkards, or where there is reason to suspect a weak or a fatty heart. Chloral is peculiarly valuable in the insomnia of the aged, and in the wakefulness due to mental fatigue or anxiety. It frequently succeeds in these cases when opium and the bromides have utterly failed. It is also beneficial in puerperal mania, acute melancholia, and other forms of mental disorders characterized by delirium and sleeplessness. Attacks of nocturnal epilepsy are frequently prevented, and the habit broken up by a full dose of chloral given at bed-time. Obstinate singultus may be frequently checked at once by a similar dose.

When chloral is rubbed up with an equal part of camphor, a clear liquid of syrupy consistence is formed, which is an excellent external application in pleurodynia, odontalgia, and neuralgia of the various branches of the fifth pair of nerves. The solution thus formed will dissolve the various alkaloids and is itself freely soluble in alcohol, chloroform and ether. It is obvious that a series of combinations can thus be formed, which will be as effective as the famous chlorodyne, and which can be varied to meet the indications of every case.

Externally, a weak solution of chloral has been found beneficial as an antiseptic application to suspicious wounds, and as a gentle stimulant to indolent ulcers. It is also of value as an injection in ozœna, and in chronic gonorrhœa.

COCAINE IN THE TREATMENT OF THE OPIUM HABIT.—In an interesting paper on this subject, read before the Cincinnati Academy of Medicine, and recently published in the Medical News, DR. J. T. WHITTAKER contrasts the treatment of two victims of the opium habit; the one treated with the aid of cocaine and the other without. He concludes, as a result of his observations, that a faithful trial of cocaine will show it to be the best auxiliary we have in the treatment of the opium habit. We quote his remarks on the treatment:

"There is, probably, no victim to the opium habit in excess that has not at some time made some effort to discontinue its use, as there is no *habitué* to any, even to the most innocent quantity, who does not look forward to the time when he will abandon it altogether. The class of people who become addicted to opium, as to any vice, is precisely the class that abound the most in good intentions. But the desired result is rarely accomplished. The confirmed opium-eater can never desist unaided, and cannot be always rescued permanently even with every assistance. Every failure in the attempt breaks anew the force of the will, or what fragments of it are left, until at last the victim surrenders with the resignation of despair. Recovery is, then, only possible by the substitution of the will of others. Absolute control, with perfect isolation, is therefore the *sine qua non* in the treatment of most of these cases. It becomes, then, a question whether or not the drug is to be suddenly withdrawn. The authorities are about equally divided upon this question, which had best be left to the judgment of the practitioner in the indivibual case; so much will depend in solving it, upon the amount which has been taken, and the temperament and constitution of the individual patient. A gradual withdrawal entails much less severe, but more prolonged, suffering, and patients are much more willing to undertake a siege of this kind than to storm the citadel at once. In private practice, in the great majority of cases, there will be no assent on the part of the patient to any kind of treatment which does not promise decided assistance in the way of substitution, or so-called antidote, from the start. Patients who submit readily to sudden withdrawal, without conditions, and experience speedy cures, are cases of deception. They have the drug secreted about them, or obtain it from sympathizing attendants. Druggists, like saloon-keepers, who are very lenient in their supplies, easily overcome their scruples with the reflection that others will comply if they refuse.

Thus arises the question of an antidote. It is quite superfluous to mention here more than the names of the drugs which have enjoyed this reputation from time to time. Atropine, pilocarpine, muscarine, each possesses properties antagonistic to some of the effects of opium; and are hence, strictly speaking, antidotes in cases of acute poisoning by the drug. But none of these agents antagonizes the cerebral effects of opium, which constitute the chief suffering of the opium devotee. Chloral and chloroform, hyoscyamus, conium, etc., may force sleep of a few hours, to leave the patient more wretched than before. The various bromides fail of even temporary relief. Strychnine, quinine and cinchona, capsicum, agents whose virtues have been vaunted in the treatment of morphinism, owe their reputation rather to transient indications they may meet than to any neutralization of effects. So far as real relief of the condition is concerned, none of the remedies equals in value prolonged warm baths, gentle friction of the surface, or the administration of a cup of strong, black coffee. I do not speak of the multitude of secret antidotes sold at large, and used in so-called "retreats." What virtue they possess is wholly due to opium. Large quantities of morphine are now exported to China for the cure of the opium habit. The powders are taken with rice, and taken at gradually increasing intervals.

The true antidotes of opium being thus of so little use, search has been made in a different direction to find, not an antidote, but a substitute; and this investigation has been rewarded, to some extent, with the discovery of the properties of coca, a drug which, while it does possess some antidotal qualities—mydriasis, for instance—possesses analogous properties, especially as regards its action on the brain.

THE ABSORPTION OF MERCURY.—There are but few subjects which have given rise to as much discussion as the absorption of metallic salts, especially, however, of mercurial preparations, by the intact skin. At the last meeting of the Balneological Society of Berlin, in March of this year (Deutsche Med. Zeit., April 6, 1885), the subject came up for debate, and it was

shown that science has made a great deal of progress in this respect during the last year. As the results of some investigations which will be published in future, were mentioned at this meeting by their authors, we have made in the following an extract of the same, especially as they definitely settle some long-mooted questions concerning the power which the intact skin possesses of absorbing mercurial and other salts.

The president, DR. LIEBREICH, well-known by his introduction of hydrate of chloral into our therapeutics, reported that his investigations had convinced him that corrosive sublimate is absorbed by the healthy skin, if the mercurial salt be incorporated in a warm bath; and what is very peculiar, and has thus far not yet been known, is that but very little of the absorbed drug passes out by the kiddeys, but most of it is found in the intestinal canal, whence it leaves with the fæces.

The fact has long been recognized that in poisoning by corrosive sublimate, the kidneys soon ceased their function, the uriniferous tubules being found clogged up with a whitish mass, which for a long time was believed to be the mercurial salt. DR. ZUELZER has discovered that in such cases of poisoning the corrosive sublimate finds its way into the bones—the latter lose a great amount of their lime salts—and it is these lime salts, which, being removed from the circulation by the kidneys, accumulate in the uriniferous tubules and obstruct their passage.

In Middeldorpf's clinic, in Breslau, the first trials were made to cure goitre by inducing absorption of iodine by electrolizing iodide of potassium directly over the goitre.

DR. LIEBREICH has for some years been using at his lectures at the university of Berlin a small apparatus invented by the late Prof. BURNS. To show students absorption by electrolysis, he lays bare the masseters of a rabbit, and applying iodide of potassium on the one side, he obtains a deposit of free iodine on the other.

We may consider, therefore, the following facts as proven: Corrosive sublimate and some other metallic salts, if kept in solution and added to a warm bath in which the patient lies, is absorbed by the intact skin. Most of it leaves the body by the alimentary canal, and not by the kidneys. In cases of poisoning, either by a single too large dosis, or by medical administration too long continued, the mercurial salts are deposited in the bones—a fact for many years denied, and looked upon as a superstition left over from the middle ages—the bones becoming deficient mainly in lime salts, which are extracted from the blood by the kidneys, and there choke up the fine tubules, the white deposit in these cases not being fat, as once believed.—*Med. and Surg. Reporter*, Aug., 1883.

INHALATIONS OF OXYGEN IN PUERPERAL ECLAMPSIA.—At a recent meeting of the medical section of the Kharkov Society of Experimental Sciences, PROFESSOR V. G. LASHKEVITCH, in the course of a communication on the therapeutic value of oxygen in neuro-pathology, pointed out that oxygen possessed a considerable power of lowering an increased reflex action, and also made the suggestion that oxygen-inhalations may prove of service in cases of puerperal eclampsia. Acting on the suggestion of PROFESSOR LASHKEVITCH, DR. V. G. FAVR, of Kharkov (Vratch, No. 13, 1885), resorted to oxygen in two cases, and obtained brilliant results. The first of the cases was that of a seamstress, aged 19, who was brought to the hospital in an unconscious state, with cyanosis, stertorous breathing, and frequent eclamptic seizures, each of the latter being preceded by a uterine contraction. Warm baths, wet packings, and enemata with chloral-hydrate brought no relief; chloroform-inhalations only slightly controlled the intensity of the convulsive paroxysms. In view of the failure of all these means, oxygen was tried. In five minutes from the beginning of the inhalations, the patient asked for water, and then fell into a quiet sleep of two hour's duration, the pulse descending from 120 to 90 per minute; uterine contractions ceased to be a starting-point for convulsive fits. The latter reappeared each time when the inhalations had been stopped, and again gave place to sleep and quiet on resuming the administration of oxygen. The delivery was accomplished with the help of BARNES' dilators, and of puncture of the mempranes. The patient left the hospital on the 19th day after the labor, her general health and the state of the kidneys being greatly improved under an appropriate treatment. A second patient, primipara, aged 18, was attacked with eclampsia about an hour and-a-half after the labor. Two severe paroxysms (each of 12 minutes duration, separated by a free interval of twenty minutes, during which the patient remained unconscious) had occurred before oxygen inhalations could be resorted to. Consciousness returned immediately. Four more paroxysms occurred, but they were considerably milder, and separated by the intervals of absolute comfort; indeed, the patient took her tea and dinner between the eclamptic fits. She made a rapid recovery. Encouraged by his success, DR. FAVR enthusiastically invites all professional brethren to give a trial to so simple a weapon against so formidable a foe, and even goes so far as to ardently hope that in a near future oxygen-gasometers will be found in all lying-in hospitals, side by side with forceps, cranioclast, cephalotribe, and other necessary instruments.—*London Medical Record*, June 15, 1885.

SYRUP OF HYDRIODIC ACID IN ACUTE INFLAMMATORY RHEUMATISM.—In the N. Y. Med. Jour., Aug. 8th, 1885, DR. JAMES CRAIG reports the results of the treatment of sixteen cases of acute rheumatism by syrup of hydriodic acid. He states that he has yet to find a case in which this remedy, properly used, has failed to meet his expectations. He further says: "This method of treatment has been employed by a number of physicians with success, shortening the duration of the disease, relieving pain, reducing temperature, and in all cases leaving the patient without heart complications, the remedy preventing exudation and organization of plastic material. I order the syrup in from two- to three-teaspoonful doses, in a wineglass of water, every two hours, lessening the dose as improvement takes place,

and continuing the syrup for about a week or ten days after symptoms have disappeared, to insure recovery and prevent relapse.

The old method of treatment by the use of bicarbonate of potassium is slow, and its continued use brings about a depraved condition of the system by reducing the amount of fibrin in the blood and destroying the red corpuscles. It also acts as an irritant to the stomach, injuring the mucous membrane and causing loss of appetite. The depraved condition of the blood can be seen in the pale face, pallor of the lips, and enfeebled action of the heart, requiring weeks for the patient to recover from the disease and its treatment. Salicylic acid has had its day and has been found wanting, being replaced by some with oil of gaultheria—salicylic acid in another form.

This acid, from its difficult solubility, allows its crystals to irritate the throat and stomach, and, in some, occasions so much vomiting as to render its continued use impossible.

Syrup of hydriodic acid is a good remedy in sub-acute rheumatism also, but it is not so prompt in its action as in cases of acute form.

I have tried it in chronic rheumatism, but cannot say that I have observed any good results. In some cases I use a lotion as follows:

℞ Liq. plumbi subacetatis, ʒ ij;
Tincturæ arnicæ, ℥ ij;
Aquæ puræ, ℥ iv.

M. Sig. Add one part of the solution to three parts of hot water, and apply saturated flannels to the inflamed joints. It usually gives immediate relief.

ELECTRICITY IN OBSTETRICS.—DR. W. T. BAIRD presents in the July number of the American Journal of Obstetrics, the following tabulated comparison of ergot with electricity:

ERGOT.	ELECTRICITY.
1. Action slow—no response until after 20 or 30 minutes have elapsed, thus losing time, thereby occasionally proving fatal to the patient.	1. Action instantaneous, thus economizing time, and so in some cases proving of great value to the patient
2. Action uncertain; in some instances it will entirely fail to produce uterine contractions.	2. Action certain; it need never fail to produce uterine contractions.
3. Action uncontrollable: it will sometimes "lash the uterus into a fury," which may produce laceration of the cervix or perineum.	3. Action under perfect control of the operator; therefore it may never endanger the integrity of the cervix or perineum.
4. Action always followed by shock, and sometimes by great exhaustion.	4. Action never followed by either shock or exhaustion.
5. Action attended with danger, and always with an increase of suffering.	5. Action harmless, and always attended with a diminution of suffering.
6. Action continuous, allowing no time for rest, thus violating one of the wisest provisions of nature.	6. Action rhythmical, "giving ample time for rest," thus stimulating nature.
7. It cannot be safely employed until dilatation of the os is well advanced: therefore its use is restricted to the latter part of the second and to the third stages of labor.	7. It may be employed as soon as the first labor pains set in, and thus facilitates the labor in all of its stages.

Further on, in the same paper, the author gives the special indications for the employment of electricity as an oxytocic. He states that electricity may be deemed indicated in any case where it may be desirable

1. To modify the pains of labor.
2. To favor a more rapid dilatation of the os.
3. To promote more vigorous uterine contractions.
4. To add tone and strength to all the muscles engaged, and "increase their power of doing work."
5. To abridge the time occupied by the labor.
6. To prevent shock, exhaustion, and post-partum hemorrhage.
7. To insure contraction of the uterus in cases of instrumental delivery.
8. To act as an auxiliary in the induction of premature labor.
9. To arrest hemorrhage and accelerate labor in cases of placenta previa.
10. To prevent an undue expenditure of nervous force, in all cases of debility from whatever cause, thus leaving the patient in a condition to secure a speedy and favorable convalescence.

ALBUMINURIA AND THE MERCURIAL TREATMENT OF SYPHILIS.—At the recent Congress of German Physicians FURBRINGER, of Jean, read a paper upon the albuminuria of syphilis with and without mercurial treatment. He found that of secondary syphilitics who before treatment were not albuminuric, eight per cent. became albuminuric during treatment. In cases of primary syphilis not treated with mercury, albuminuria occurred in 12 per cent. of cases, almost always in the stage of disappearance of roseola; with the exception of three cases, the albuminuria disappeared with the institution of mercurial treatment

In the discussion which followed, SCHUSTER claimed that cases of serious albuminuria due to syphilitic renal disease recover by mercurial treatment, and there is no contra-indication to the use of mercury in these cases.

SCHUMACHER had observed several cases of simultaneous syphilis and nephritis, and was satisfied that the nephritis preceded the syphilis and continued during the further development of syphilitic phenomena. The mercurial treatment used in these cases did not aggravate the symptoms of nephritis.

In his quite recent work on Urinary and Renal Disorders, DR. BEALE says: "of all the forms of chronic renal disease, those which are due to syphilis are the most likely to get well." Even in large albuminurias, with considerable and persistent dropsy, improvement may be confidently predicted, and even recovery not uncommonly takes place in the course of a few months.

The treatment in the early stages is that usual for BRIGHT'S disease—purgatives, warm baths, and hot air baths. When the albumen is reduced to one-fifth and urine is passed freely, he recommends iodide of potassium, iodide of iron, and other preparations containing iodine. Complete recovery is often thus produced after judicious treatment is kept up steadily for two or three months.

DR. BEALE thinks that the glandular enlargments, of which the kidney is an example, in syphilis, were less common when the mercurial treatment was in vogue, although he admits

that necrosis is less frequent. There can be no doubt that the judicious combination of the alterative with the tonic chalybeate treatment in syphilis, as contrasted with expectant treatment, is calculated to be most serviceable.—*Med. News*, July 18, 1885.

INHALATIONS IN PULMONARY TUBERCULOSIS.—During recent times we have heard a deal of the value of antiseptic inhalations in the treatment of phthisis. A further clinical investigation has been undertaken by DR. RENZI, of Naples. He has employed inhalations of four kinds: First, of iodoform and essence of turpentine, of which two to six drops every hour or two hours of a liquid containing one part of iodoform to 25 parts of spirit of turpentine were used; 14 patients were submitted to this treatment. Secondly, iodine volatilised every day in a bedroom 30 cubic meters in capacity in the amount of ·40 to 2·10 grammes, heated in a capsule by means of a sand-bath; three observations were made. Thirdly, sulphuretted hydrogen, evolved by the action of sulphuric acid on powdered sulphide of iron in such proportion that every cubic metre of atmosphere in the chamber should contain 75 cubic centimetres; seven cases were thus treated. Lastly, sulphurous acid, made by burning sulphur in a closed chamber, so that there should be 43 cubic centimetres of the gas in a cubic metre of the atmosphere. DR. RENZI has found that the first two methods of treatment ameliorate the local condition and general nutrition, without modifying the pyrexia, diarrhœa, or nocturnal sweatings. Inhalations of sulphurous acid seemed to increase the general strength, improve the nutrition and increase the nutrition and increase the quantity of urine discharged. Sulphuretted hydrogen has a special influence on the respirations, which were diminished in frequency; it also exercised a beneficial influence on the cough; but the fever, diarrhœa, and diaphoresis were not relieved. Of all the inhalations, the author decides in favor of turpentine and sulphuretted hydrogen.—*London Lancet*, July 25, 1885.

COCAINE IN HAY FEVER.—The therapeutic uses of cocaine are so numerous that the value of this wonderful remedy seems only beginning to be appreciated. Almost daily we hear of some disease or combination of symptoms in which it has been tried for the first time and has answered beyond expectation. It appears strange that so intractable a complaint as hay fever should be amenable to its influence, and yet such is the case. The account given by MR. WATSON, of the Westminster Hospital, of his sufferings and subsequent cure by tabloids of cocaine, is too circumstancial to admit of doubt, even had we not received confirmatory evidence from many sources. It has been objected on theoretical grounts that cocaine must of necessity be inoperative, or at all events of comparatively little use, in those cases in which symptoms of an asthmatic type prevail. Curiously enough, however, it has been shown that cocaine, when applied to the mucous membrane of the nostrils, has the power of allaying even this spasm. The observation, too, is not new; for many months ago DR. BOSWORTH, Professor of Laryngology at Bellevue Hospital Medical College, published a detailed account of a case of spasmodic asthma completely cured by cocaine. He pointed out at the time that many inveterate cases of asthma are dependent on, or at all events associated with, nasal disorders, the relief of which is promptly followed by an abatement of all the distressing symptoms. If this principle of associated treatment should be carried on in its integrity, it will be difficult to assign the limits of its sphere of action.—*London Lancet*, July 18, 1885.

RHUS AROMATICA IN UTERINE HÆMORRHAGE.—We have been employing this agent in uterine hæmorrhages of a passive character, where the discharge seemed to depend upon a relaxed state of the vessels of the endometrium, with very satisfactory success within the last year.

The patients in which it seems best adapted are those of flaccid tissues with tendency to anæmia. In such cases whether the patient be a woman about the menopause or a girl of any intermediate age, where there is not a threatened miscarriage or a uterine tumor, or where the endometrium has not been wounded or is not in a condition of extravascular growth —in short where there is simple relaxation of the part, the rhus aromatica has afforded prompt and permanent relief.

In some cases we have combined the remedy with macrotys, pulsatilla, caulophyllum or helonias as circumstances seemed to demand. In other cases we have prescribed it alone.

The dose of the fluid extract may vary from ten to 20 drops three or four times daily.—*Cal. Med. Journal*, August, 1885.

MENTHOL AS A LOCAL ANÆSTHETIC.—ROSENBERG ("Berl. klin. Wchnschr.;" "Lancet") finds that a twenty- or thirty-per-cent. solution of menthol, which is much cheaper than cocaine, is a useful substitute for the latter as an anæsthetic application to mucous surfaces, like those of the nose, the pharynx, and the larynx Although its effect is more evanescent than that of cocaine, it appears to be somewhat cumulative, for, when repeated, even after a long interval, the later application produces a longer period of anæsthesia than the earlier one.—*N. Y. Med. Journal*, August 8, 1885.

A SUBSTITUTE OF QUININE.—DR. FERREIRA, of Brazil, reports success with percirine in miasmatic fevers. He used a hydrochlorate. The drug is an alkaloid derived from the inner bark of the pear tree. Dose, thirty grains daily. DR. BAKER confirms his statement. Care must be taken with it, as it is liable to produce paralysis. DR. EMMELHENTZ suggest barbasco as a substitute for quinine.—*Med. Summary.*

CHARCOAL AND CAMPHOR IN CHRONIC ULCER.—A mixture of equal parts of camphor and animal charcoal is recommended by BARBOCCI as an application to prevent the offensive odor and remove the pain from old excavated ulcers. The camphor acts as a disinfectant, and the charcoal absorbs and destroys the offensive odors.—*British Med. Journal*, August 1, 1885.

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Original Articles.

SUMMER DIARRHŒAS OF CHILDREN.*

BY CHARLES DOUGLAS, M. D., DETROIT, MICH.

The bowel affections of young children are the most important and common of children's diseases. They are most frequent and severe during hot weather. Too much disposition is shown to classify them all under one head, and also to call them all cholera infantum.

A close observation of the discharges of the bowels will always show a great variety in quantity and character, indicating a difference in cause and origin. Only by this observation, also, can a sure and positive diagnosis be made of the peculiar variety of flux with which the patient is afflicted.

A great variety of classifications is used by differerent writers in describing these fluxes. Some contend the origin to be inflammatory, while many as strenuously deny this, in many forms of this trouble. Without repeating the classifications of writers, I would suggest the following one which seems to me simple, comprehensive, and suggestive of treatment. This would require four divisions, viz: simple, functional, inflammatory, and neurotic.

Simple diarrhœa is such form as we have in teething, where there is not only an increased number of stools of the natural character, but more fluid. Functional diarrhœa would comprise all forms due to derangements of the stomach, liver, pancreas, and absorbents. This would, of course, include the bilious, chylous, and dyspeptic forms mentioned by some writers. The character of the stools in this variety, would, of course, be the chief factor in diagnosing the case. The presence of semi-digested food in otherwise healthy stools indicates that the stomach is at fault. The presence of a superabundant amount of green bile indicates over-stimulation of the liver; and the total absence of such color, or grey stools, shows torpidity of that organ. The presence of milky-white stools, or stools with abundant oil globules mixed therewith, indicates that the fault lay below the liver, and that probably, the pancreas or absorbent glands, or both, are unable to perform their duty.

Inflammatory diarrhœa would comprehend all fluxes due to inflammatory action in the alimentary canal. This would, of course, indicate the mucous diarrhœa, gastro-enteritis, inflammation of some authors, and dysentery. These are all characterized by mucous and slimy stools, some accompanied with blood, and all causing a greater or less degree of pain.

Neurotic diarrhœa would include nervous diarrhœa of some writers, and cholera infantum. These are characterized by thin, watery stools, very abundant, violently ejected, and sometimes emesis. Accompanying these forms we have a very exalted temperature, varying rapidly, great heat of head, and strong disposition to cerebral complications, of which the majority of fatal cases show undoubted evidence. This variety, particularly, is common in hot weather, and very fatal if not treated early.

Simple diarrhœa will require no treatment until the constitution shows the bad effects, or the patient suffers pain. This is commonly self-limiting.

Functional diarrhœa will require the treatment directed to the organ deranged, as indicated by the character of the stools. In all these cases the character and quality of the food plays an important part in the treatment. Almost invariably the amount must be reduced and in some cases entirely changed before relief is obtained. Milk, which forms the staple diet, must in all cases be carefully selected, reduced in strength with pure water and lime-water, according to the age of the patient, and given at regular intervals in such quantities as never to produce emesis, or cause it to appear in the stools as curds. There are many cases where the mother's milk is unhealthy from menstruation, conception, or some other cause, and in such the child must be weaned gradually. The milk of cows fed on refuse or frozen vegetables, sour swill, brewers' and distillers' waste, is a most prolific cause of functional diarrhœa, and must in all cases be avoided in treating any flux from the bowels. I find that only the milk of cows recently calved, and fed on grass or hay, and pure grain or bran is suitable in treating these troubles. I secure milk of one milk woman only, and send her to my patients when needed, always watching that all food fed her cows is pure, and that they are well cared for in clean, roomy stables. By this means I obtain good results. Medicinal treatment is indicated by the peculiarity of the discharges and general

* A paper read before the Detroit Medical and Library Asscciation.

symptoms. Where the amount of the milk must be materially reduced, a little brandy, lime water, and pure water in the proportion of one, one and four respectively may be fed also every two or three hours to support the child through the depressed stage. In extreme cases they can take nothing but this brandy for some days.

Inflammatory diarrhœas are accompanied by great pain, and must be treated as all inflammations are, with the object of keeping the inflamed parts quiet till the disease subsides. Opium in one form or another must necessarily enter largely into this treatment, whether the irritation lie in the upper or lower part of the intestinal tract. The proper selection of non-irritating food again becomes a very prominent feature in the treatment. The use of meat juices must be avoided in all forms of diarrhœa, as they tend to purge rather than nourish. In this way everything becomes an irritant. I have found great benefit from using condensed milk where pure fresh milk cannot be obtained, but in all cases close observation will show whether the diet is agreeing with the patient. Where unsuited it causes emesis or increases the local disturbances.

In neurotic diarrhœas, we find fluxes, due to nervous disturbances, all characterized by profuse watery discharges, and bad odor, containing little or no fæcal matter. In no way can we account for the quantity of the discharges, and the force shown in their expulsion, except through the nervous connection. This must be due to irritation of the sympathetic nerves and ganglia. Dr. Smith looks upon this as the most violent form of inflammatory action, while other writers equally prominent take an opposite view. Again, some look upon it as a species of sunstroke? Certain it is that we seldom see this trouble except in the hottest season of the year. It seems difficult to view this as an inflammatory disease when we find no pain or tenderness on pressure, no tympanitis, and no post-mortem evidences, except slight ones in some cases. In undoubted inflammatory diarrhœa all these evidences are present in the most marked form. Neurotic diarrhœas are characterized by great changes in temperature, frequently running up to 107° and again rapidly falling to 100, or less.

I find the results of treatment do not agree with the inflammatory theory, but that such remedies as aim at a neurotic origin have most success. On this principle the free administration of chloral hydrate, with small doses of paregoric given every hour in the commencement and early stages of this trouble will effect a cure almost every time. In conjunction with this, brandy and water may be given freely and regular diet reduced to milk and water in limited quantities, or stopped occasionally in severe cases. Cold must be applied freely to the head to prevent cerebral symptoms and reduce temperature. In bad cases frequent bathing is beneficial for its cooling power. Every effort should be made early to check the disease at once, and prevent brain complications, which are generally fatal.

OLEATE OF MANGANESE.*

BY FRANKLIN H. MARTIN, M. D., FELLOW OF THE CHICAGO GYNÆCOLOGICAL SOCIETY.

There is little doubt left in the minds of therapeutists in regard to the value of manganese as a remedy in certain forms of menstrual trouble. The remedy, in the form of permanganate of potash, was first brought to the attention of the profession by Ringer and Murrell, of London, in the spring of 1883. They recommended the drug in functional amenorrhœa. Soon after their article appeared in the London Lancet, I commenced experimenting with the same preparation, and published the results of my investigation in the New York Medical Record for September 29th, 1883. That was the first, to my knowledge, that anything on the subject was published in this country.

In the course of my experiments, acting upon the theory that the drug acted by stimulating the menstrual organs, I was induced to give the remedy in menorrhagia, and metrorrhagia dependent upon the atonic condition of these organs. I found to my gratification that it acted equally as well in these conditions as in the opposite. In my published reports I have always been careful to emphasize this point, because it is a demonstration of the manner of action of the drug, *i. e.* by stimulating the menstrual organs. I have had unmistakable evidence of its action as a menstrual stimulant, in amenorrhœa, menorrhagia and metrorrhagia. I have obtained very gratifying results from its administration in the irregularities incident to approaching menopause. I have also received very gratifying letters from a large number of physicians in this country, containing confirmatory proof of its efficacy in one or more of the several conditions mentioned above. The remedy has been favorably commented upon by Thomas, of New York, who says: "I think it is the best emmenagogue which has yet been discovered." Dr. Roberts Bartholow not only recognizes its applicability in amenorrhœa, but also its power as a general menstrual stimulant, making it equally efficacious in other forms of menstrual difficulties dependent upon the atonic condition. He said: "The same power which can so stimulate the sexual functions must, when exerted in other directions, prove equally effective."

* Read before the Chicago Medical Society, August 3, 1875

After publishing my second report on this subject, I received a letter from SYDNEY RINGER, of London, in which he expresses his gratification at the result of my experiments, and in which he says: "Like you, I have found the permanganate most useful in atonic conditions." And further, he says: "I was quite prepared to learn that the permanganate is useful in menorrhagia."

Since there is no longer any doubt about the great value of manganese in these distressing menstrual difficulties, the next formidable problem for the therapeutist to solve is: How shall it be administered? The permanganate of potash, the original preparation used for experiments, and administration, in any form, is liable to act as an irritant to the stomach, and is very objectionable to many on that account. It has in many ingenious ways been made into pills, but as these pills must of necessity have for their basis kaolin, or some other inorganic substance, they are not satisfactorily dissolved and absorbed. The compressed tablets of WYETH & BROTHER, and others, are objectionable in many cases of irritable stomach, because of the irritating undiluted drug coming in direct contact with its mucous membrane; the binoxide of manganese has, on account of its insolubility, proved to be inert. Therefore, because of the many difficulties of administration, this valuable remedy has not met with the reception by the profession that is its due.

While having this fact under consideration, it was suggested to me by DR. LEWIS L. MCARTHUR, of this city, that an oleate of manganese might be prepared. Inasmuch as the method of prescribing other popular drugs in the form of oleate is becoming quite universal, the scheme appeared feasible. An oleate of manganese, was prepared for me by DR. EDWARD KREYSSLER, a very competent chemist. I am indebted to MR. KREYSSLER for the following account of the method of preparation, and of its physical and chemical properties. The oleate of manganese was prepared as follows: A solution of sulphate of manganese was made in distilled water, and to it a solution of sodium oleate was added. On mixing these two solutions gradually, and with constant stirring, a precipitate of oleate of manganese resulted. This precipitate, upon heating, changed to a putty-like mass. This was washed several times with warm distilled water, to remove the sodium sulphate, and the resulting putty-like mass was the pure oleate of manganese.

It is of a light grey color, having a pinkish hue, of a sweet musty taste, and peculiar clay-like odor. It is sparingly soluble in alcohol, and soluble in ether, chloroform, olive oil, and oleic acid.

The Method of Application.—Of a twenty-per-cent. solution of the oleate in oleic acid, one-half of a drachm to a drachm is applied to the abdomen of the patient, and its absorption promoted by friction, produced by vigorous rubbing of the surface with the palm of the hand or with the fingers. The rubbing should be continued until the oil has entirely disappeared by absorption.

In cases where it is found impracticable to apply it to the abdomen on account of tenderness, it may be applied to the back or the inner surfaces of the thighs.

In amenorrhœa it should be applied, if possible, every night preceding the expected menstrual period, or at the time the menstruation is due, and until it make its appearance. In cases of menorrhagia or metrorrhagia it can be applied in smaller quantities, every night until the desired effect is produced.

Report of Cases.—At the present writing, I have but four cases to report. I have prescribed the preparation in 15 cases, all but four have as yet failed to report to me.

In the four that I have been able to keep under observation, the result has been very gratifying. Two of the cases were amenorrhœa in young women, one irregular menstruation in early married life, one irregularity incident to approaching menopause.

Case 1. Had passed two menstrual periods and the remedy was prescribed about one week after the last menstruation was due. On account of abdominal tenderness the oil was applied to the back. One drachm of a twenty-per-cent. solution was applied for three consecutive nights, at the end of which time menstruation appeared and lasted four days.

Case 2. Was that of a young girl 19 years of age, whose menstrual flow had always been irregular. The cause I attributed to an overworked nervous system, the young lady having just passed a long anxious siege of college examinations. She had passed two or three menstrual periods without a show, and had lost account of when the next period was due. The oleate was prescribed. It was applied four nights to back and abdomen, by a competent nurse, when the most natural menstruation the young girl had ever experienced, commenced.

Case 3. A married woman, aged 42, who had always been healthy until six months ago. Since that time she has been suffering with irregular menstruation. At one time it did not appear for two months, the suffering from "pressure" in the meantime was very severe. On the other hand, at times the flow had been excessive, and the result was almost complete exhaustion. At the time the oleate was prescribed, the patient was suffering from distressing backache, headache, and pelvic pressure, from suppression. At this time the menstruation was two weeks over due. A drachm of the twenty-per-cent. solution of the oleate was used two nights, thoroughly applied by a

nurse, when the flow appeared suddenly, and all the distressing symptoms of former menstruations were absent.

Case 4. A dispensary patient, married, age 25 years, had had no children. She had not menstruated for two and one-half months. No signs of pregnancy further than the suppression of the menses. The patient was poorly nourished. She had "caught cold." By physical examination nothing was found to account for this condition of affairs, except a small, and poorly developed uterus. The patient was ordered to use the oleate, and directed how to use it. She returned in one week menstruating. The flow had appeared three days after using the medicine.

2139 Wabash Av.

[FROM THE MEDICAL TIMES.]

DIURETICS AS THERAPEUTIC AGENTS.

BY V. M. REICHARD, M. D., FAIRPLAY, MD.

Complete depuration is indispensable to healthy blood; and where the renal secretion is inadequate, either in its fluids or its solids, the general health must eventually suffer, for a circulating fluid loaded with impurities cannot keep the body up to its standard of usefulness. The kidney is a compound organ—filtering and glandular. The Malpighian body is adapted specially to the filtering. "A large artery breaks up in a very direct manner into a number of minute branches, each of which opens into an assemblage of vessels of far greater capacity than itself, and from which there is but one narrow exit. Hence must arise a very abrupt retardation in the velocity of the current of the blood" (Bowman).* The Malpighian body hence acts as a filter, its activity being in direct proportion to the blood-pressure. The epithelium lining the tubules has a double function. Under ordinary circumstances it excretes, by its affinity for such substances, the urinary solids, and perhaps some foreign substances. Under certain conditions it also excretes urine.

This may be laid down as axiomatic; the more thoroughly the blood is depurated of the nitrogenized products of waste the more nearly perfect will be the working of the animal economy, other things being equal. The system must be rid of these waste products of metabolism before it can take and properly assimilate more material. In fact, if we consider a healthy appetite as nature's call for food, we must have the blood purified before we can have a healthy appetite. Suppressed gout and the protean troubles arising from the retention in the blood of uric acid and its salts are frequently encountered in all classes, and, it is fairly to be presumed, are not recognized in a great many cases. I have found them usually limited (and the success of the treatment was considered as proof of the diagnosis) to stout, corpulent persons, and generally, but not always, to hearty eaters. The lymphatic temperament prevailed, but in some cases it was the nervous. Whether, however, the nervousness was cause or effect I am not prepared to say. The patient's complaints are many—indigestion, headache, desire to sleep after meals, sleeplessness at night or sleep disturbed by nightmare, pain in the back, and a tired, worn-out feeling, coated tongue, bad breath, constipation, high-colored and scanty urine, with a colored or white deposit on cooling; and any or all of these combined in a stout, sluggish person should lead to a strong suspicion that there are retained materials in the blood which the kidneys have failed to throw out. Whether the cause be deficient action of the kidney or improper action on the part of other organs, the result is the same. In persons predisposed, almost anything which disturbs the animal equilibrum may cause it. An attack of malaria, cholera morbus, excessive exertion in hot weather, prolonged anxiety, living secluded and taking but little exercise have all been noticed as causes in my cases. Fothergill* gives increased tissue-waste without compensating renal activity to carry off the waste as a cause of the typhoid state. A case of mine bears upon the point in question.

Mrs P., æt. 40, widow, mother of eight children, stout and muscular, nursed a son through a long and severe attack of typhoid fever in August, 1883. In September was herself attacked, was confined to bed five weeks. Her temperature at no time exceeded 103° in the evening. Her emaciation was very great, the skin hanging in folds. The temperature returned to the normal, and she was discharged convalescent. In about three weeks she again consulted me. At this time the report says:

3 p. m.—Temperature 103°; pulse 130, weak and thready; unable to lie down on account of dyspnœa; cough almost constant. Examination of the chest shows only a few rales posteriorly; no dulness anywhere. The tongue covered with a dark-brown dry coating all over, very heavy towards the back part; fauces red and inflamed; bowels torpid; urine very scanty and high-colored—no chance to make a minute examination, but from the gross appearance the sediment, which formed about one-fourth of the volume, was composed of urates and mucus. Treatment: one-fourth grain of morphia and one grain of calomel every six hours; also, one-half ounce of infusion of digitalis and ten grains of bitartrate of potassium given in a glass of water every four hours until the kidneys acted freely.

* Fothergill's Hand-Book of Treatment.

* Quoted in Da Costa's Medical Diagnosis, p. 782.

I was unable to see the case until forty-eight hours had elapsed; looks bright and has a cheery greeting; has slept well both nights; passing water freely; says she is "running away;" *no cough at all;* tongue clean; appetite ravenous, and she feels good on what she eats; bowels been opened several times; temperature *normal;* pulse full, then 80; the digitalis was given only every six hours, and at the end of a week she was ordered Basham's mixture. At this time she was out of bed She had had trouble whenever she allowed her kidneys to act less freely than they should.

I conceive the conditions to have been these. There had been great destruction of muscular and other tissue, producing much nitrogenized waste. For a time the kidneys were equal to the work. Convalescence came on and the temperature returned to the normal. But the kidneys being to a greater or less extent functionally exhausted, and the blood-pressure being low, there was not enough of either fluid or solids thrown off. This will account for the condition in which she was found. The liver, clogged with the effete products of metabolism, was inactive, the crystals of uric acid in the walls of the bronchial tubes kept up a constant irritation, and the retained nitrogenized material caused the elevation of temperature. Whether this be true or not from a pathological stand-point, it is certain that treatment based on this reasoning was gratifying in the highest degree to both myself and the patient.

Whatever may be said as to diet applies more properly to the *prevention* of lithæmia. With the system clogged and all the organs handicapped with the products of waste, we must meet the indications by removing such products; and the rational treatment in such cases is to increase the action of the organs excreting such waste—*i. e.*, the kidneys. This brings us to the subject of diuretics. These may be divided into two great classes: those in which the chief effect is an increase in the amount of urinary water, and those in which there is a decided increase in the urinary solids. The first act principally by raising the blood-pressure; the latter have a selective affinity for the renal epithelium, causing secretion of the solids, and—to a less degree—fluid. In the first class stand the digitalis group. In the second are the alkalies and most of that class of drugs known as urino-genitals. Of these last, buchu stands first as a diuretic. In considering these two classes, the most active will be taken and considered as the type of the whole class.

In the first class digitalis stands easily at the head, and of all its preparations the infusion is the diuretic *par excellence.* It (the infusion) seems to have some special action on the kidney. With no other preparation of the remedy, given even in equivalent doses, have I been able to secure the same amount of diuresis. The pulse may show the specific effect of the drug, and still the diuretic effect will not be produced to the same extent.

Much has been written and said about the cumulative effect of digitalis, but in my own use of the drug I have never had any bad result further than disordering the stomach. This it is sure to do if pushed strongly and continued for a week. But when a diuretic is indicated because of either dropsy or retained substances in the blood, and there is a rapid, weak pulse, the infusion of digitalis will act like a charm for a few days. After being given in decided doses for a few days (say a tablespoonful every four hours), it can be reduced either in the size or the number of the doses, so there will be not much danger of gastric disturbance. Sometimes, however, we are forced to abandon the use of the drug entirely until the tongue cleans and the stomach regains its normal tone.

In a recent case of extensive œdema of the lower extremities, due to cardiac dilatation, I secured the most happy results by intermitting the digitalis and giving convallaria. Though the latter had no appreciable diuretic action, yet as a cardiac tonic it sustained the heart until the digitalis could be resumed.

Caffeine has high authority in its favor as a diuretic and cardiac tonic in advanced cases of cardiac dilatation. "A great advantage of caffeine is that its diuretic effects are seen even when the kidneys are altered."* I have had no experience with it, having found digitalis and convallaria sufficient in all cases.

Outside the body lithium carbonate will dissolve more uric acid than any other of the alkalies. I have had no experience with it, having confined myself entirely to the potash salts. The salts with vegetable acids break up readily in the blood, and its alkalinity is increased, carbonic acid being given off. The increased alkalinity of the blood renders the urine less acid, or alkaline, and the amount of urates deposited on cooling is diminished. All these alkalies, the acute especially, increase the amount of urinary water as well as solids, and in choosing an alkali as a diuretic, it is rather a matter of personal preference. The only thing to avoid is giving a sodium salt, as the insoluble urate of sodium will be formed, and harm will result where good was expected.

Buchu stands as the type of diuretics, the activity of which depends upon a volatile oil. It is indicated where a diuretic is indicated as a diuretic pure and simple, with no reference to the heart. In any case of idiopathic renal insufficiency it is the drug to be given, or if for any cause the amount of urinary water is to be

* Bull Gen. de Therap. Quoted in Amer. Jour. of Med. Sciences, October, 1884

increased without affecting the blood-pressure. Cases of lithæmia all do better if buchu be added to the alkali. A plan which I have often used with much satisfaction is to give about 20 grains of bitartrate of potassium with an ounce of infusion of buchu in a cup of cold water every three hours. Under its use I have seen nervous, depressed, neuralgic women brighten and clear up mentally and physically. After being literally "washed out" they have in a number of cases expressed the greatest satisfaction, and requested to be allowed to keep some of the medicine on hand.

In ordinary routine work, it may not always be possible to say in just what cases buchu and an alkali will do good. The effect, however, will soon show whether the diagnosis be right or wrong. As they are mostly subacute or chronic cases, one has a chance to make the trial of several diuretics.

[AMERICAN JOURNAL OF OPHTHALMOLOGY.]

PEROXIDE OF HYDROGEN.

BY F. ALLPORT, M. D., MINNEAPOLIS, MINN.

Peroxide of hydrogen, notwithstanding the dormant condition in which it has for years remained, is a remedy possessing great therapeutic value. It was discovered by THENARD, a French chemist, in 1818, and first introduced as a medicine by RICHARDSON, of London, in 1858. It is produced by the action of hydrochloric acid on the peroxide of barium. Its formula is H_2O_2, and its specific gravity 1.453. It is a colorless liquid, appearing exactly like water, but thicker in its consistency. Its odor resembles dilute chlorine, in taste it is astringent and rather metallic, and it remains liquid at zero. A temperature of 70°F. will cause oxygen to escape in bubbles, but when heated to the boiling point of water, oxygen will be rapidly evolved, almost with explosive force. It unites easily with water in any proportion, and when thus united, the evolution of oxygen is less rapidly accomplished.

The peroxide of hydrogen is easily decomposed by many finely-divided metals and metallic oxides. Gold, silver, and platinum cause it to give up an atom of oxygen and to be resolved into water, and fibrine and cellular tissue have the same effect. Ammonia, hydrocyanic acid, tobacco, aconite, and most other narcotic substances, not only render the peroxide of hydrogen more stable, but actually prevent it from oxidizing other substances. It causes sugar and starch to evolve carbonic acid, but albumen, gelatin, urea, and cutaneous tissue have no effect upon it. Peroxide of hydrogen bleaches litmus and many vegetable colors, and when placed upon the tongue bleaches it, and for a time destroys sensation.

By its means hair may be bleached and turned to a golden color, and it is much used by the demi-monde for this purpose.

Internally the peroxide of hydrogen has not been practically demonstrated to possess especially meritorious features, but locally it forms an exceedingly valuable addition to the armamentarium of antiseptic surgery. As has been mentioned, its formula is H_2O_2, but the preparation is of so unstable a character that it readily decomposes and liberates one atom of oxygen upon contact with various substances, pus among the number.

The oxygen thus liberated is in a nascent condition, is exceedingly active, and will force the escape of pus from any cavity in which it may be contained. In this proneness to decomposition and liberation of nascent oxygen, lies its value as a cleansing and antiseptic agent.

While peroxide of hydrogen is of great value in the treatment of wounds, ulcers, etc., it is especially useful in treating cavities difficult of access. And it is on this account dentists have found it of such singular utility as a local application in alveolar abscesses. When instilled into a septic cavity contact with pus immediately causes the liberation of oxgen, and being nascent and active, every portion of the cavity, however remote, is cleansed of the products of decomposition.

This process being several times repeated, the cavity will be found entirely bereft of all purulent deposits, and in a thoroughly antiseptic condition. The foulest and most putrid cavities can in this manner be rendered utterly devoid of unpleasant odor.

I first commenced using this agent in a very foul and unhealthy mastoid cavity, after the cells had been exposed by operation. Gratified by the results obtained, I have since continued its use, whenever its peculiar and remarkable qualities have rendered it admissible.

Peroxide of hydrogen is valuable in cleansing and disinfecting the middle ear in suppurative inflammation, preceding and in conjunction with the ordinary insufflation of boracic acid, iodoform, etc. In using it for such affections a few drops are instilled into the meatus, the patient lying on the opposite side. In a moment bubbles will be expelled, the meatus is then quite thoroughly dried and a few more drops are instilled. This operation I repeat until effervescence ceases to occur, when the ear should be wiped thoroughly dry and insufflation made. If the aperture is quite small I inject a few drops through the opening by means of a middle ear syringe, which will cause the expulsion of any pus contained in the middle ear. I have found purulent affections of the tear passages yielding, by this means much more readily than by any other method

I generally combine the usual probing, etc., with it, and simply use it as an injection preceding the passage of the probe. I usually employ the diluted form, and inject it into the tear passages, by means of the lachrymal syringe. I repeat these applications two or three times at each treatment, squeezing out, by pressure over the canaliculus, as much of the preceding injection as possible.

I have found peroxide of hydrogen successful in severe cases of gonorrhœal ophthalmia and ophthalmia neonatorum. Cleanliness being one of the essential features in the treatment of these cases, I have, therefore, every hour, as thoroughly as possible, cleansed the eye by means of a solution of boracic acid. This accomplished the purpose to a certain extent, but the peroxide of hydrogen is far superior in its cleansing and disinfecting properties, and much easier to apply. It is quite difficult and often impracticable to do as the books advise, viz., insert the end of a smooth-pointed syringe into one angle of the eye and then inject. The lids are often so swollen as to render this almost impossible, and in unmanageable children it often becomes quite dangerous, as they are likely to do damage to the eyeball.

In using this agent for such affections, the eye should be as widely opened as possible, a few drops instilled, and quickly closed. The eye should be kept as tightly closed as possible, in order that the escaping oxygen may find its way to the remote parts of the lining mucous tract. Bubbles will soon escape from between the lids, and the parts should then be wiped as dry as possible, and the operation repeated several times, that thorough cleanliness may be insured. This need not interfere with the other methods of treating these diseases, such as nitrate of silver, iodoform, etc. I simply advocate it as a substitute for the washing and cleansing process. It may be done every hour, or four or five times a day, as seems best. In purulent and ulcerative keratitis I have obtained better results with the peroxide of hydrogen than would have been probable by other methods.

In all purulent diseases of the eye or lids, where we wish to maintain a clean and antiseptic condition of the parts, I would cordially recommend its adoption.

DETROIT MEDICAL AND LIBRARY ASSOCIATION.

JULY 25, 1885.

The meeting was called to order by the president. The minutes of the previous meeting were read and approved.

Twenty-eight members and two visitors were present.

DR. SPRAGUE who was absent from the meeting at which a case of abortion was reported as due to an electric bath, asked permission to express his opinion, that an ordinary electric bath (by which he means one in which the current is not localized) will never cause the death of a fœtus. This belief is founded on his own experience and the opinion of the best authorities on electric therapeutics. He referred especially to a paper by DR. BAIRD, in the current volume of the Am. Jour. of Obstetrics. The DR. has instructed his ladies' bath attendants that they shall *never* give a localized current to the pelvis without his direction or consent. If it be the opinion of the association that farther restrictions are necessary, he wished an expression to that effect.

DR. DOUGLAS read a paper on "Summer Diarrhœa of Infants" (see page 385).

DR. BOICE exhibited an enlarged testicle, doubtless due to sarcoma, and but of a year's growth, and which had been tapped three times for hydrocele. The tumor was very large, and weighed almost three pounds. The doctor also exhibited a scirrhous cancer of the breast that he had removed. The cancerous infection extended into the axillary space and up under the clavicle.

DR. MCGRAW exhibited a scirrhus of the breast. The growth was only detected last Christmas, but at the time of operation even the glands in the axilla were swollen. The doctor also reported a case that he had operated on, a patient of DR. SPRAGUE'S, for a tumor of the rectum. Following the operation was a severe attack of nervous prostration; all the symptoms were like those of one suffering from concussion of the brain. It was not caused by morphine, for she had had but a small amount.

DR. DUFFIELD exhibited sections of the rectal tumor, first discovered by DR. MCGRAW, and pronounced it an epithelioma.

Under prevailing diseases and reports of cases:

DR. O. P. EATON reported the following case:

A lady, aged 29, felt something snap in the popliteal space. There is now some inconvenience in walking, and when the limb is extended, a small tumor the size of a hen's egg is felt, but when the limb is flexed, no tumor can be felt.

DR. CARSTENS reported four cases of dysentery evidently not due to malaria. They ran along for about four weeks.

DR. LONGYEAR reported a large number of cases of low fever of a remittent type; patients able to be about, but suffering from neuralgic pains, and having a rise of temperature of 1° or 2° above normal. Anti-periodics failed to produce the desired effect, and the fever was handled only with the comp. tr. iodine and saline drinks.

DR. W. C. STEVENS then made an interesting report of a case of poisoning by ivy.

The first case was very severe, the second but slight.

July 14, Mr. B., while walking by a fence picked a branch of poison oak. Very soon afterwards there was marked swelling of neck and face, though there was no pitting or pressure. Temperature, 103°. Nose, face, axillary glands swollen. Along the arms were small red lines—as if carmine ink had been drawn along there, which showed, evidently, an inflammation in the smaller lymphatic ducts.

When the doctor was summoned the patient was delirious and entirely helpless. The case, however, went on to recovery.

The sufferings of the patients thus poisoned are dreadful, and resemble those of a severe burn.

The swelling differs from erysipelas by being pale and not œdematous.

Resembles more the bite of an insect.

The treatment is to protect the skin from the air.

An army surgeon reported 40 cases in the Medical Record of 1878, all successfully treated with bromine gtt. x to ℥ of olive oil. This relieves the burning pain almost instantly. The doctor had tried it, and in his hands it had worked well.

DR. CARRIER said that if the serum from the vesicles was carried to other parts of the body the inflammation would be the same.

DR. INGLIS reported a case of chorea of 40 years' standing, and graphically showed the motions the man made when he started to walk.

Adjourned.

The regular meeting of the Detroit Medical and Library Association was held on August 3d, 1885.

The meeting was called to order by the President.

Thirty-two members and three visitors were present.

DR. LUNDY exhibited a patient who had suffered from a penetrating wound of the eyeball. The patient, a young woman, was using a screw-driver, which slipped and struck her in the eye, penetrating all the coats of the eye. DR. LUNDY saw the patient soon after the injury. A "bead" of the vitreous humor protruded from the wound. Cocaine was used to produce anæsthesia. The bead of vitreous was snipped off, three sutures were inserted and the edges of the wound were carefully coaptated.

The after treatment consisted of the use of atropine and cold. Ice was kept upon the eye day and night for five days. The sutures were removed in forty-eight hours. Healing was by first intention and there was entire absence of inflammation. With her error of refraction corrected by a suitable glass, her vision is about normal.

DR. LUNDY said this was one of many good results he had observed from the unremitting use of cold in penetrating wounds of the eyeball.

DR. LUNDY exhibited an eye which he removed that day from a child ten months old. When the child was four months old the parents noticed that the eye appeared red and irritable, and soon thereafter it was taken to an oculist who pronounced it a case of iritis, and treated it as such for some time. Two days ago the child was brought to DR. LUNDY and examination under chloroform revealed a tumor which occupied the nasal side of the anterior chamber, filling about one-fourth of the chamber. It seemed to have its origin in the ciliary region, and also involved the iris. It was of a pale yellow color, reminding one of "gliosarcoma" The eye was daily becoming more and more congested and the child gave evidence of suffering, and as the tumor was considered malignant, DR. LUNDY advised enucleation.

The eye would be prepared for microscopic examination by DR. DUFFIELD and the result of the investigation would be reported to the Society at a future meeting.

Adjourned.

GEORGE DUFFIELD, M. D.
Secretary.

Correspondence.

THE CARE OF THE NEW-BORN CHILD.

I write to raise my feeble voice in protest against some of the doctrines promulgated by "AN OLD PRACTITIONER," in his article in the AGE of August 25th, on "The Care of the New-born Child." That a reason so palpably and obviously erroneous should be assigned for not promptly tying the cord, and, moreover, that it should be so widely taught and accepted, is really astonishing. The "Old Practitioner" says: "It is customary with some, after the child has entirely escaped, to immediately sever the cord. This is an error (granted), and frequently productive of mischief. The cord should not be cut as long as there is the slightest trace of pulsation. *The child should have the fullest benefit of the placental connection, and should not be deprived of a drop of the blood which is being pumped into it*" (italics ours). Now what are we to infer from this dogmatic statement? Obviously, that the mother is pumping blood into the child. If it does not mean this, it does not mean anything; for if the child is pumping blood into itself, the time at which the cord is tied would not materially influence the quantity of blood in the child's body. The only circumstance that would be likely to affect the amount of blood is the

fact that subsequent contractions of the uterus might possibly force a very small quantity of blood from the child's portion of the placenta into the body of the child. I believe that this fallacy has been widely taught and accepted, but surely any man familiar with the fœtal circulation and with the anatomy of the placenta, needs only to have his attention directed to the matter to recognize at once the enormity of the blunder our friend has fallen into.

In the next paragraph attention is directed to the danger to the mother of placing but one ligature about the funis and of thus allowing the blood to flow from the placental end of the cord "to the serious injury of the mother." Another evidence that the anatomy of the placenta is not understood by our author. The closing paragraph of this article is devoted to an eloquent panegyric on nature, wherein we are informed that art cannot improve on nature's methods, the writer having apparently forgotten that in the preceding paragraphs he has inveighed most strenuously against accoucheurs who have followed the teachings of nature, and discarded the abdominal binder for mother and child. It is not the practice laid down that I protest against, but against the reasons given for that practice. Accuracy above all things is requisite in scientific discussions, and it is to the inaccuracies here pointed out that I wish to call the attention of the readers of the AGE.

A. J. ROSENBERRY.

BURLINGTON, WIS.

THE AGE of Aug. 25, 1885, contains an article on "The Care of the New-Born Child," by an old practitioner, in which he speaks of the error of severing the cord while it is yet pulsating, and says, "The child should have the fullest benefit of the placental connection, and should not be deprived of a drop of blood which is being pumped into it." We should like to ask the question where this blood is being pumped *from* "which is being pumped into it" (child).

BEGINNER.

TYPHOID FEVER, OR WHAT?

In the Daily Eagle, of this city, recently appeared a communication headed: "Ionia Correspondence of the Grand Rapids Eagle," which begins as follows:

"The city has been suffering somewhat from a fever pronounced typhoid by some of the physicians, and malarial, with marked typhoid symptoms in some cases, by other medical authority." Now, I must say that is a familiar tune to my ear. As long as I have practiced, I have heard the same old story: "Some of the doctors call it typhoid fever, others say it is not what they would call true typhoid fever."

I do not know a disease I am called upon to treat, with which I so fear the possibility of counsel being asked, or of the case falling into other hands. I cannot trust the very best men in the profession, as a great share of them are certain to say they do not consider it a case of genuine typhoid fever. Why is this? What is there about a case of typhoid fever which should so mislead, or cause such a difference of opinion?

I have practiced several years in this State, and several years in the far west. Here in Michigan, or other so-called malarial regions, these wise men will tell you they consider it a malarial fever with marked typhoid symptoms. Out west, in Dakota, or other non-malarial regions, they will wisely say they do not call it genuine typhoid, and, possibly, say they have never seen but two or three cases of genuine typhoid fever. I can say, for myself, that I have seen thousands of cases, and I call them all cases of genuine typhoid fever; that is, the cases so common in all regions, malarial or not. I cannot see where the gentlemen find their very scientific distinction. Typhoid fever is not difficult to recognize. Why, then, are we so annoyed by this difference of opinion? I know many are perfectly honest in their opinion, but why is it so? I hope this matter will be taken up by the readers of the AGE, and never allowed to rest until we have this difference settled. I say, it is just a pure habit, which has crept into our ranks, and it has become a second nature for a practitioner to imagine when called to a case of typhoid fever, that he cannot exactly see a true case of typhoid fever. To me this appears a matter calling for notice which it has not received.

EDWARD WATSON, M. D.

GRAND RAPIDS, MICH.

THE INTERNATIONAL MEDICAL CONGRESS.

The love of fair play is a distinguishing characteristic of the more advanced man. Polemics are harmful chiefly because of the fact that the parties thereto are more intent on keeping up their end than in restoring or maintaining the equilibrium of truth. If there is one thing more than another that I admire the AGE for, it is fairness. It is true its editor does not blow hot and cold on any question of current interest which engages his attention, and leaves no doubt as to his convictions thereon, but he never refuses to give an opponent an equal chance with himself to be heard, so long, at least, as he confines himself to the limits fixed by propriety in the forms of expression.

In the discussion of the question of the proposed International Congress, nothing has as yet appeared in the columns of the AGE in opposition to the position which the editor has

taken thereon, and I hope it will not be regarded as a threshing of old straw for me to say just a few words on the other side. I am not a hide-bound Codist, although I think it well that there should be some written rule of conduct as between professional men, and, although I yield a tacit obedience to the Code of the American Medical Association, I do not endorse the exclusion of the New Code men from the Congress, which is a strictly scientific and non-medico-political body. Doubtless, the Association made a mistake in this matter, but if the International Medical Congress is a body of its alleged importance, it does seem to me that the attempt to destroy the effectiveness of its next meeting because of this mistake, reflects little credit on those who are engaged in it. It is an exhibition of childishness, and of supreme inconsistency, on the part of the adherents of the Code, when they "won't play" because the men on whom they have heaped abuse, and pursued with invection, are not allowed to take part in the game. The Medical News, of Philadelphia, for instance, exhausted its vocabulary of abusive epithets on the New Code men a short time since, declaring that they had placed themselves outside the pale of the profession, and now it clamors loudly for their recognition! This is the very height of inconsistency in my mind. It looks as if it had a purpose of a somewhat personal nature in both instances, and it, and those whom it represents, have made themselves very ridiculous in their effort to straddle two horses. If the New Code men are wrong, let them by all means be excluded from the Congress. To admit them to this most representative body, is practically to acknowledge that they are right in the renunciation of the Code of the American Medical Association, and, to my mind, it would be much better that we had no Congress than that we should stultify ourselves in this manner.

OLD CODE.

In the course of an article contrasting the British and the American Medical Associations, the Medical Times and Gazette says: "Reading of what has recently happened across the Atlantic, we ought to be thankful that the powers of our own association have not been abused, as they might have been, to the forcing upon us of leaders whose only claim to leadership is skill in the lobby. An association, again, which can tolerate homœopaths upon its roll, contrasts very favorably, in respect of discretion and liberal feeling, with one which, like the American association, ostracizes regular practitioners simply for claiming the individual liberty of holding consultation with whom they please."

The Medical Age.

A SEMI-MONTHLY REVIEW OF MEDICINE.

JOHN J. MULHERON, M. D., Editor.

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DETROIT, MICH., SEPT. 10, 1885.

Editorial.

INTERNATIONAL MEDICAL CONGRESS.

The meeting of the committee of arrangements on the Internarional Medical Congress held another meeting, at New York, last week. The wholesale defections from the appointees to the various positions of honor in the Congress rendered this meeting necessary in order to fill the vacancies. The readjustment thus rendered necessary having been attended to, an attempt was made in the direction of removing the cause which principally led to the defection. Accordingly the rule which restricted such membership as is to be furnished by the country to those who owe allegiance to the Code of the American Medical Association, was rescinded. As the matter now stands, any member of the regular medical profession in this country is entitled to a seat on the floor of the Congress, but none who have declared in favor of the New Code heresy, are permitted to sit in a position the least elevated. The New Code men are now given the privilege of being full privates, but they are debarred from all possibility of occupying any position above the ranks. Whether the heretics will thankfully accept the crumbs thus graciously thrown out to them, remains to be seen. It is barely possible that they will not. Their admission to the Congress, they may possibly argue, is a concession that they are members of the medical profession of this country. This being the case, they may, in the obstinacy of their hearts, hold that no discrimination should be made against them in a Congress of the medical men of all countries, which is about to be held in this country in pursuance of an invitation which was worded expressly to carry the idea that it came, not from any medical association, or other body of medical men, but from the medical profession of America, regardless of codes of ethics or aught else not strictly of a scientific nature. Had the invitation been issued by the American Medical Association on its own behalf, and not expressly on behalf of the entire profession, and as such been accepted by the last Congress,

physicians not members of the Association would, doubtless, have felt complimented on being permitted to sit on the floor of the coming Congress. As matters actually stand, however, they may regard it as a piece of unwarrantable assumption when any medical society to which they may not belong, seeks to lord it over them. They may be presumptous enough to believe that they have quite as much right to share the honors of the Congress as has the Association which usurps the right to dole them out. These possibilities, with several others, suggest themselves to our mind, but it is possible that they are purely imaginative, and that in the desire that the Congress may be a success, all slights and inconsistencies may be overlooked, and that the mollifying influence of the two years which will intervene between now and the meeting of the Congress, may overcome all asperities.

Will the gentlemen appointed to fill the vacancies created by the wholesale resignations which necessitated the late meeting of the committee, accept the appointments? If they should not, another meeting of the committee will soon be necessary. Doubtless, however, the appointees had, in the majority of instances, signified their willingness to accept the honors which had been spurned.

The Journal of the American Medical Association, several weeks ago, instanced, as an evidence of a change of sentiment in regard to the action of the Association and its New Orleans committee, the fact that DR. PACKARD, of Philadelphia, whom it had appointed in the stead of DR. J. S. BILLINGS, U. S. A., who had resigned, had, in spite of his dissatisfaction with the work of the committee, consented to succeed DR. BILLINGS. DR. PACKARD promptly denied the soft impeachment, and the fact that DR. N. S. DAVIS, editor of the Journal, was appointed at the late New York meeting, to the Secretary-Generalship, is quite conclusive evidence that the Journal was premature in its announcement of DR. PACKARD'S fealty. Doubtless, DR. DAVIS will accept the office, and the committee could certainly not have selected a more competent man for the position. No one could have been found more thoroughly in sympathy with the course of the Association, and his recognized talent will prove exceedingly valuable in the existing emergency.

The committee did a good work in rescinding the rule which closed the doors of the Congress against such members of the profession as hold independent views regarding the propriety of meeting in consultation those holding different views touching the action of drugs, and we cannot but regret that it did not also distribute among these gentlemenn some of the honors of the Congress. Having acknowledged and attempted to correct the error of the Association in instructing it to exclude these gentlemen from the Congress, it should have gone a little further and removed all the obstacles to the complete success of the coming meeting.

THE CURABILITY OF CONSUMPTION.

In an article on pulmonary phthisis in the Medical Record, of the 22d ult., DR. J. MILNER FOTHERGILL, of London, makes the somewhat startling assertion, based on an experience of ten years in a chest-hospital, that the disease is far from being necessarily fatal. Under fairly favorable circumstances, he holds, a rally may be made in the large bulk of cases, which may lead to recovery. This is certainly glad tidings, and a detail of the means through which this consummation may be reached, will be eagerly read. It is customary in acquainting the patient of the fact that he has consumption, to do so in a tone and manner calculated to shut out from him the faintest ray of hope. Treatment, moreover, is usually undertaken with a view to euthanasia, rather than with a hope to snatch the brand from the burning. If, therefore, DR. FOTHERGILL has put it in our power to tell the consumptive that the odds are in favor of his outliving his disease, he will prove to have been one of the greatest of the benefactors of this and succeeding ages. He does not propose anything particularly new in the way of treatment, nor does he vaunt any specific. His common sense application of means already familiar will, however, commend themselves to the attention of the profession.

The line of attack advised in incipient cases is to improve the general condition, in which improvement the new growth will have its share. To check the body expenditure and to increase the body income are our aims. All out-goings must be stopped. This is the first step. If a woman, attend to any leucorrhœa at once. Many a good line of attack has failed, many a woman sunk into her grave who might have been rescued, if only that out-going had been attended to. If the catamenial loss be heavy, put an arresting finger upon it by some ergot, sulphuric acid, and sulphate of magnesia, commencing with this two days before the appearance of the flux, and continuing it during the flow, reverting to the usual treatment on its completion. Then, is there diarrhœa? If so, attend to it. Milk aad farinaceous matters are indicated (no meat-broths, no beef-tea—"giving the patient a stone when he asks for bread"—unless some farina be added). Then for medicine some astringent preparation of iron may be given in the day, and a pill of sulphate of copper (gr. ¼–½) with opium (gr. 1–1½) at bed-time. If there be both diarrhœa and night-sweats this pill will often "kill two birds with one stone."

If there be night-sweats, arrest them at once, or as soon as may be. Sweat is an excretion, and is highly charged with blood-salts. Consequently, profuse sweats are most exhausting. Check them, and the appetite returns, and between the two the patient does well. PROF. SIDNEY RINGER, F. R. S., has laid the phthisical world under a deep debt of gratitude by pointing out the potency of belladonna in the matter of hydrosis. The best preparation is atropine, not only because it is tasteless, but because we know exactly what we are doing when using it. But to secure its good effects it must be pushed. Its effect upon the pupil is nothing. Indeed, in a very extensive experience of belladonna the pupil has rarely been affected. (The effect upon the pupil is a bugbear which ought to be buried). Dry throat and dim eye-sight are discomforts, but unless severe they need not disturb the treatment. There is a wide gulf between these and any real danger. The very lowest dose is $\frac{1}{75}$ of a grain. If this does not achieve the desired end, then $\frac{1}{50}$. If that is insufficient, then $\frac{1}{25}$. If that fails—which it rarely does—one must begin to look seriously at the case. When this dose is reached, and yet the sweats continue, Dr. F. adopts the plan of an old New York quack, of which LEWIS SAYRE told him, viz., to sponge the patient over with hot vinegar (½ pint) with a teaspoonfnl of cayenne in it. This is not at all disagreeable, and is effective. If the combined measures fail, the patient's case is hopeless, but his physician's conscience is clear.

Perhaps the patient's rest is broken by cough. Dr. F. recommends the following combination in such cases: Morphine, (gr. $\frac{1}{8}$), atropine (gr. $\frac{1}{30}$), with pil. galban co. or " pil. al. et myrrh.," as the case may require. This is a pill which has done him yeoman service in his warfare with phthisis. It has found its way into the Brompton Hospital, and more recently into SQUIRE'S "Companion to the Pharmacopœia." It will, he thinks, find its way before long into every consumption hospital in the world. This action of carbonic acid upon the sweat-glands has led DR. LAUDER BRUNTON to advocate strychnine (a potent stimulant to the respiratory centre) in the night-sweats of phthisis. No doubt it is useful. Dr. F.'s practice is to give it in the day-medicine. His favorite mixture at the hospital consists of liquor strychnine (♏iv.), acid. phosph. dil. (♏xv.), tinct. capsici (♏iv.), in infus. gent. (℥ j.), *ter in die*. This forms a capital tonic. Some quinine or sulphate of magnesia (or soda) may be added as required.

One of the rules which have formed themselves in his mind is to give acids when the tongue is clean or coated. When the tongue is bare, raw, or irritable, then alkalines are indicated as am. carb. (gr. ij.–iv.), tinct. nuc. vom. (♏x.) inf. gent.) ℥ j.), *ter in die*.

On such a line of treatment the patient usually improves. The night-sweats cease, the appetite returns, the cachectic look departs, and the patient feels much better. The improvement is maintained, and soon iron and arsenic can be added to the strychnine, and cod-liver oil to the dietary (but cod-liver oil is not the best form of fat, nor yet the most palatable, though it is the most digestible. Some forms of fat in an emulsionized state are now on the market which possess many advantages over cod-liver oil). Iron is a good hœmatinic.

Arsenic is an alterative and a tonic greatly believed in by many good observers in lung-consolidation. If the patient can be induced to take fat in any form the healthy tissues can be built up. Very commonly the affected area is found to shrink, and air to pass into it. In a few months, in many cases, it is scarcely possible to detect any change in the lung. The threatened danger has passed away!

All along in the treatment advocated the matter of improving the general condition has never been lost sight of for a moment. If the patient can get away to a dry soil and a bracing locality, all the better for him or her.

Another common patient is the person who has chronic phthisis with cavities. Such patient is always spare and badly nourished at the best; and when any intercurrent ailment still further lowers the general condition the lung trouble is aggravated. (And one matter has forced itself upon his attention, viz., that wherever there is old lung-consolidation any disturbance in the liver sets up irritation in this consolidated patch with resultant cough. And this cough, which is intractable to ordinary cough-medicines, is relieved by acting upon the liver.) The appetite has fallen off and the nutrition is impaired; and then the special danger in phthisis is set up. Very often the tongue is raw, or beefsteaky, or patchy. Here attention to the *primæ viæ* (as our grandfathers phrased it), is imperative. The patient must be sent to bed, to reduce the body expenditure to the minimum. The medicine must be bismuth, with alkalies; and the food, milk with malt extract, or a malt preparation like Mellin's food, in small quantities at a time, oft-repeated. No solid particle in the stomach to vex and irritate the sensitive (because ill-fed) mucous membrane. Even an alkali—like carbonate of magnesia—may be required to neutralize acidity and prevent too firm curdling of the milk; as much as will lay on a sixpence to the half-pint of milk is usually sufficient. Having got the assimilating processes into good working order, the tonics may be given. "The more haste the less speed" is especially true of the treatment of phthisis; and the desire to push on with tonics and good food sadly too often defeats its own end. Sometimes a masterly inactivity is the

wisest practice. A clear head and a firm will are often required to curb the desire of the patient (and still more the patient's friends) to be getting on. Back-cast after back-cast teach a painful lesson to the medical man, and involve the patient in acute danger. If the pressure put on a young medical attendant is becoming more than he can bear, let him call in an older head to help him.

The chief thing to avoid is morphia linctures for the cough. An opiate to procure sleep may be essential and unavoidable; but sedatives in the day are dangerous. They give relief from the cough but too commonly they give permanent relief by death. Opium lays its palsying hand upon the assimilative organs, and destroys the appetite. Its evil effects seem most distinctly felt by the liver. When an opiate is indicated at night it should be combined with ipecac to antagonize its effect upon the liver, and with aloes and myrrh pill to correct its action upon the bowels. Opium strikes directly at that assimilation which is the cardinal matter in the treatment of phthisis. The patient most certain to die, the case least amenable to any treatment, is that one whose wasting progresses steadily, and where the lungs are only affected quite late on—indeed, a brief while before the final change sets in.

As to other means of allaying the cough than opiates, inhalations of steam are often serviceable. Friar's balsam, iodine, carbolic acid, terebene, eucalyptus, all are good as additions to the steam. Where there is a cavity with ragged walls smelling offensively, a respirator with cotton wool charged with carbolic acid is indicated.

Then, as to other means of feeding the patient, there are inunctions of oil, often of service, especially with young subjects. Nutritious enemata have only lately suggested themselves; but in one case of a medical man steadily wasting, an enema of cod-liver oil (emulsionized by a drop of bile) and milk in equal quantities is being tried. In appropriate cases in the hospital the plan is about to be tried. Such enema night and morning, while in the recumbent posture, would be readily retained. When the temperature mounts up, and especially when the skin is also moist (the usual state in hectic fever connected with phthisis), Dr. F.'s plan is to give quinine (gr. ij.–v.) with tincture of digitalis (♏. x.–xv.) and dilute phosphoric acid (♏. xv.), thrice daily. The effect is very satisfactory usually. Where a severe raking cough is present, shaking the poor sufferer terribly, it may be necessary to give opiates; but, in the author's experience, such cough is very rarely found with pulmonary phthisis.

The treatment of hæmoptysis is quiet; no movement, no talking. When it arises from the bursting of an aneurismal sac in a cavity, or from an ulcerating process eating into a blood-vessel and opening a communication between the vessel and an open air-tube, syncope alone is likely to arrest it. In congestion of the lung it is often an excellent form of local bleeding. Men of old bled for its relief; now free purgation with mineral salts is in vogue. For small recurrent hæmoptyses the best treatment is to keep the bowels open. Ice, ergot, and dilute sulphuric acid may also be tried; probably they will do no harm. It is a bad plan to feed up a case of recurrent hemorrhage; it only fills the vessels rapidly, to end in more bleeding.

Finally, the management of phthisis pulmonalisis, whether the less grave or the more serious conditions, is a good test of the knowledge, skill and tact of the practitioner, who must, like a competent soldier, be able alike to plan a campaign or execute a sudden change of front in an emergency. That is, he must be able to lay down a persisting plan of treatment, and promptly change his plan to meet some intercurrent condition, as hæmoptysis or acute gastric disturbance.

TREATMENT OF LITHIASIS.

Dr. J. W. Springthorpe discusses this subject exhaustively in the Australian Medical Journal. As one of the main causes of lithiasis lies in *Dietetic errors*, it is manifest that regulation of the diet is an essential part of treatment. It will be well to restrict the quantity of food in general, and of meat in particular, and to practically abandon the use of alcohol, except in certain cases where it may be required, at meal times as a digestive stimulant, and at bedtime as an hypnotic. Porridge and milk, eggs and bacon, with fish, should replace the meat breakfast so commonly indulged in. Easily digested meats, such as mutton, beef, chicken, and white fish should replace pork, veal, sausages, salt meat, etc., which require more digestion; and rich dishes of all kinds, hashes, stews, pastry, new bread and the like, must be given up for stewed fruits, farinaceous puddings, salad, stale bread, and baked apples. Anything, in fact, that is found to throw extra work on the liver must be carefully avoided, especially by those who have no more liver than is sufficient for their ordinary needs.

In addition to thus limiting the diet in quantity and altering it in quality, *exercise in plenty* is to be rigorously enjoined. The reason of this is that it promotes the oxidation, and so facilitates the extrusion of the nitrogenous waste matters, and with the addition of sufficient diet, it maintains the bodily mechanism in an efficient working condition.

Adjuvant and equally useful measures are to be found in *free skin action* and *open bowels*.

In tropical and even temperate climates, like

our own, the cutaneous functions demand almost as much attention as those of the kidney, and this is especially the case in the subject of lithiasis. Regular morning cold baths, if permissible on other grounds, as a general tonic, and weekly or bi-weekly warm baths, as necessary diaphoretics, are of very great importance. Indeed, in many cases, the simple use of a Turkish bath, repeated when necessary, may do more than any other single remedy to allay the systemic irritations of lithiasis. Free bowels are similarly always to be remembered as an important part of the treatment, and this, not only to the extent of preventing intestinal reabsorption of deleterious matters, but actively, to the extent of stimulating the liver and intestine occasionally to increased depurative action. Hence the utility of occasional mercurial, saline, and hepatic purgatives, which may enable a liver otherwise choked by excessive action to resume its physiological functions.

Next we have the *directly medicinal treatment.* This is directed to counteract, as far as possible, the effects of this increased or abnormal nitrogenous waste in the blood, by sending everywhere such antidote as we have at command. Naturally, from the indefiniteness of our knowledge upon the minute chemistry of the different retrograde metamorphoses, treatment here is very much empirical, but fortunately it is often practically none the less successful. Based upon the fact that the uric acid stage seems the ultimate aim of the different changes, we find the best results follow from the administration of alkalies, especially the most soluble—lithia.

Lastly, the different systemic symptoms may demand *special treatment.* Atonic dyspepsia may be met with quinine before meals, and creasote after meals. Hepatic congestion may require the addition of taraxacum, podophyllin, and the like, to the acid or alkali. If respiratory symptoms supervene, pot. bicarb. may be advantageously added to the expectorant or sedative. The circulatory symptoms may point to the need for digitalis, to regulate the heart, or mercurial purgatives, to lessen the blood tension. The nervous system may need a positive sedative in addition to the abstention from irritation, and pot. bromide, opium, or chloral may, in different cases, best serve the purpose; or the depurative organs may require special diaphoretic and diuretic stimulation.

Thus treated, dietetically, hygienically, and medicinally, it is rare to meet with a case of lithiasis that will resist all improvement, although, from the duration and wide range of the disease, perfect recovery cannot always be hoped for. Still there is a vast majority of cases wherein the disorders are mainly functional, or if structural, only so to a slight extent, and in nearly all of these, where life is more or less a burden to the sufferer, and, too often, a nuisance to his fellows, perseverance in such a course of treatment may bring not only success to the physician, but a happier and more useful life to the patient.

THE THERAPEUTIC USE OF SODIUM NITRITE.

Dr. R. M. Simon (Birmingham Medical Review, Feb, 7, 1885) gives clinical reports of a number of cases of cardiac and renal disease treated by sodium nitrite, with results which were in many instances highly gratifying.

The nitrite had been employed as early as 1882 by Prof. Hay, of Aberdeen, in the treatment of angina pectoris. Dr. Hay showed that the nitrous acid was the active constituent of the several compounds into which it entered, although in the case of amyl nitrite there was superadded the specific action of the amyl radical. He admitted that the action of the amyl nitrite was more prompt than that of the sodium salt, and the same was true of nitroglycerin, but the effects were also more transient, and nitroglycerin has the additional disadvantage of causing throbbing in the head and some degree of pain and giddiness.

The nitrites, according to Dr. Simon, all have the property of dilating the smaller blood-vessels, and thus lowering the blood-pressure, and it is probable that they will be found useful in all conditions where symptoms can be attributed to, or are associated with increase of arterial tension. In the treatment of epilepsy, Dr. Simon had not found the nitrite of sodium of any value, but he had used it in a large number of cases of heart disease, and almost always with marked benefit. Five cases of aortic, five of mitral, and five of renal disease are reported, and in only two cases was there no apparent beneficial result. In nearly every case the headache, shortness of breath, vertigo, and anginose pains were greatly relieved. The dose prescribed was one grain three or four times a day, given generally in solution. No ill effects followed the use of the salt except in a doubtful case, where it appeared to purge the patient.

The doctor says: "The result is most striking in the case of angina, but was almost equally so in each of the cases of heart disease, especially those in which the aortic orifice was affected.

Sodium nitrite first accelerates, then retards the pulse-rate, the first effect being probably due to a direct action on the heart, and perhaps to a consentaneous depression of the inhibitory centres, the latter to a direct depressant action on the heart. Dr. Simon thinks that the remedy will be found valuable, on account of its secondary effect, "in those cases of

granular kidney where increase of arterial tension is associated with a failing heart with dilated cavities."

The writer concludes, "if useful only in angina pectoris, and cases so distressing as my first of aortic disease, I believe that we have in the nitrite of sodium a drug in no way inferior to digitalis."

PRECAUTIONS AGAINST SMALL-POX.

The Michigan State Legislature at its last session appropriated $10,000 for the use of the State Board of Health in protecting the people against epidemic diseases. The appropriation becomes available on the 18th inst. The small-pox epidemic at Montreal has, however, made it expedient that means for preventing the importation of that disease be employed before that date, Detroit and Michigan being peculiarly liable from that source. Under these circumstances, DR. O. W. WIGHT, Health officer of Detroit, persuaded the Governor of the State to solicit aid from the U. S. Government against the time when the State Board of Health shall be in a position to act. The matter was referred by the Secretary of the Treasury to the Marine Hospital Service, and Sanitary Inspectors were promptly appointed at Detroit and Port Huron to guard aeainst the introduction of the disease at these points. The trains are now being carefully watched, and passengers from infected districts subjected to the following regulations issued by DR. HENRY W. SAWTELLE, Surgeon U. S. Marine Hospital Service, stationed at Detroit, and DR. O. W. Wight:

"1. All persons arriving from Canada by rail or otherwise must be examined by a Medical Inspector before they will be allowed to enter the State of Michigan.

2. All persons coming from infected districts, not giving satisfactory evidence of protection against small-pox, will be prohibited from landing in the State until after a period of ten days.

3. All baggage, clothing and other effects coming from infected districts will not be permitted to enter this State without satisfactory evidence of having been properly disinfected.

4. Inspectors will act in conjunction with railway and customs officials and consult with State and local health authorities, as may be necessary; and all possible efforts will be made to prevent any unnecessary detention of trains, persons or baggage, consistent with the prevention of the introduction of communicable diseases, dangerous to the public health, into the State of Michigan.

5. Inspectors will at once notify the proper railway authorities in regard to these regulations, and ask their co-operation in carrying out the same.

6. Inspectors will make full weekly reports of services performed, and transmit to Local Boards of Health and to the Michigan State Board of Health such reports as may be desired, and also make such special reports from time to time as may be deemed of interest to the service.

7. These regulations will become operative at once subject to modification at any time by proper authority."

ADONIS VERNALIS.

MR. JEHAN MORDANGE, of the Ecole de Pharmacie, of Paris (Repertoire de Pharmacie), says of adonis vernalis, that it is too much neglected in medical practice. PROF. BUBNOFF has studied its important medical and physiological properties. Profiting by the experience of BUBNOFF, MR. MORDANGE has prepared a comprehensive report on adonis in general, and adonis vernalis in particular.

After a complete study of the anatomical and morphological characteristics of the plant, he searched for its active principles, and after long and delicate experimentation obtained these in an amorphous state. The physical and chemical characteristics of adonidin are given and his analysis shows that it should be classed among the glucosides.

The physiological and pharmacological part of this thesis is especially interesting for the phsician and the pharmacist. Several experiments made by the author on frogs and dogs, have proven that adonis exerts a powerful regulating action on the heart, and that we now have in this plant an excellent substitute for digitalis, possessing a great advantage over the latter in that it is not cumulative in its action.

Notes.

The death of SIR FRANCIS HINCKS of small-pox, at Montreal, is a sad commentary on the neglect of the intelligent portion of the community of the well-established means of protection against this loathsome disease. Ignorance and prejudice go hand in hand, and it is not surprising to find a large element in the Canadian city bitterly opposed to vaccination. It is surprising, however, and unaccountable, that this element should receive the direct encouragement of the clergy, and the indirect encouragement derived from the apathy of intelligent citizens in the matter of personal attention to the means of prophylaxis. A person of SIR FRANCIS' parts could have neglected this means only through carelessness, or through a somewhat prevalent belief that small-pox is a filth disease, and not liable to attack those who are careful in the matter of personal hygiene.

His death will, doubtless, do much towards disabusing the minds of the people of this notion, and will thus do much good.

"Indeed, madam, I know all about it; I saw just what ailed the woman as soon as I came into the room. There is a young man up street who is sick the same way, and I am attending him. Give the medicine as directed, and I will call around in the morning." Having delivered himself thus, the young doctor took up his hat and departed. Not long after this, the pains having come on again with increased rigor, another messenger was hurried off for the old doctor, who was found just returning from a far-out call. The young doctor, upon coming over in the morning, expressed much pleasure at the supposed result of his treatment, and was rubbing his hands with an air of "I never make any mistake," when the nurse, turning down the bed-coverings, discovered to him the little one lying on its mother's arm, as she said: "By-the-way, doctor, has the man up street got through yet." The moral is obvious: Do not be too previous in your diagnosis.

The gravity of the situation in Montreal is beginning to dawn on the habitans. They persistently objected to vaccination, until over a thousand cases of small-pox had occurred. It was then concluded that something must be done to stay the spread of the epidemic. Accordingly, special religious services were held, and ALMIGHTY GOD was sought to interpose. It is, unquestionably, the proper thing to cry to heaven for relief from even the results of our sins of omission and commission, but the prayers most likely to be answered are of those who place themselves most directly in harmony with the Divine law. We are of the opinion that those who combine vaccination with supplication, will the more successfully escape small-pox. Old CROMWELL would have advised his people, under the present circumstances, to trust in the LORD and use good vaccine virus.

The Medical News (of Philadelphia) publishes a note accompanying a "return of birth" by a Baltimore physician, which indicates a very unusual start of the "returned" on his journey across the gap in eternity opened up for him. The child's mother ceased menstruating fourteen months before it was born, and had felt motion for nine months. For four months prior to the birth she was very dropsical, which condition rendered it difficult for the number of physicians who saw her, to make any exact diagnosis of her condition, as regards her pregnancy. The child weighed 15½ lbs., its cranial bones were firmly united at the sutures, and while being washed it raised its hand and looked around in wonderment at its strange surroundings. This is certainly very remarkable, and it hasn't been an uncommonly good year for babies either. It's a very good year for yarns, though. Next.

The Southern Clinic says of our notice of DANIEL'S Texas Medical Journal: "Notwithstanding its (the AGE'S) cordial grip, the notice of DR. DANIEL and his journal is an equivocal one, not complimentary, and contains a sneer at the journal, its author, and the State of Texas. Well, there is no need of our breaking a lance in DR. DANIEL'S behalf, which we would gladly do if necessary." Although this is an editorial note, we are pleased to observe that the editor, DR. BRYCE, absolves himself from responsibility for it, by signing it with the initial "L," of the one who wrote it. If we supposed for a moment that our brother DANIEL could endorse this interpretation of our little badinage, our admiration for him would change to pity and contempt. Oh no, DANIEL is in no immediate necessity of being trephined for simples.

We regret to note the death of MRS. CARRIER, wife of DR. A. E. CARRIER, Professor of Anatomy and Dermatology, of this city. The unfortunate occurrence took place in San Francisco, Cal., whither the doctor accompanied his wife a few months ago in the hope of benefiting her health. The doctor has our sympathy in his bereavement. We understand there is a possibility of his remaining in San Francisco. While we should regret to have him leave our city, we should congratulate the profession of his new home on his acquisition. He will carry with him the good wishes of a large number of professional associates and friends.

It is generally thought that about everything has been tried for rheumatism, but every now and then something new crops out. The latest is the sting of a bee. El Siglo Medico contains an account of a woman who had suffered from rheumatism for six months, during which time she had not been able to sleep without an anodyne. At the suggestion of a friend she procured three bees, and securing them over the inflamed shoulder joint, they were irritated to sting. The result was a speedy cure of the rheumatism. There may be something in the suggestion.

DR. J. MATTHEWS DUNCAN places phosphide of zinc high on the list of remedies applicable to the treatment of dysmenorrhœa and sterility. Doubtless he has reference to those cases only in which the difficulties are not due to mechanical obstruction, and in which no appreciable cause can be detected. In prescribing the drug great care should be exercised in securing a pure article. The crystallized preparation

should alone be used, the powder being quite inert. The dose is a tenth of a grain, morning and evening, but we should advise a smaller dose to commence with.

SIR WILLIAM MCCORMAC, who was Secretary-General of the London meeting of the International Medical Congress, in 1881, gives it as his opinion that it would be the part of wisdom, even at this date, to cancel the engagement to meet at Washington, in 1887, and to appoint some other country than America as the place of meeting. He regards it as a foregone conclusion that the chief men on both sides of the Atlantic will absent themselves from the Washington meeting, unless something is done to heal the unfortunate rupture caused by the unwise action at New Orleans.

One of the strongest temptations peculiar to our editorial experience, is for us to cast, unread, into the waste-paper basket such of our exchanges as come to us done up into a hard, compact roll. How an editor who receives a journal thus rolled up, can consent to allow his own journal to go out to his subscribers in that form, is one of those things which it is hard to understand. Next to sending out a journal with uncut leaves, this practice of doing it up in a roll, is by all odds the most senseless and the most exasperating.

The chair of Practice of Surgery in the College of Physicians, of New York, is about to become vacant through the resignation of DR. H. B. SANDS. There are several applicants for the important position, and it is proposed that they shall enter a competitive test for the honor, each to deliver a course of lectures, and a committee of the faculty to decide on their comparative fitness. This is a hopeful sign of the times, and the profession will greet it with joy.

PROFESSOR FOSTER, of Amsterdam, has demonstrated by experiments the uselessness of carbolic acid, in a 2½-per-cent. solution, as a disinfectant of the hands from septic germs. BILLROTH'S antiseptic, viz., sublimate with a ten-per-cent. solution of carbolic acid and glycerin, was also shown to be valueless. An aqueous solution of corrosive sublimate, 1 or 2 per 1000, after a thorough washing of the hands with soap and water, was, however, found to be very efficient.

J. MARION SIMS: "I would take knowledge wherever it can be found. I would invite any man who claimed to have a specific to come and try his remedies under the supervision of a committee specially appointed for the purpose. I would offer a large premium for any improvement, whether in constitutional or in local treatment. I would do everything to obtain practical knowledge, regardless of the source from which it emanated."

GOETHE did not fail to note and to deplore the vanity and assumption, no more common in his day than in ours, which reveals itself in the ambition of the fledgling to become a "professor":

> Ach, was haben die Herren für
> Ein schwaches Gedärme:
> Was sie gestern gelernt, tragen
> Sie heute schon vor.

DR. WILLIAM RICHARDSON, of Sault Ste. Marie, Mich., informs us that the Indian in the heated chase allows, if possible, the deer to drink water first; he then feels sure of his game. Glycerin has come into use among the Indians for allaying their thirst. They also assert that a hot drink does not depress the vital force.

The Boston Medical and Surgical Journal reports DR. PARTINGTON as saying, on hearing of the wholesale withdrawal from the International Medical Congress, that he feared that the Congress was likely to be merely a sexual one.

In Paris, while every doctor studies a specialty, to be regarded as a specialist places one outside the pale of professional recognition. They do some things much better in France than in this country.

A colored fellow-citizen refused to vote for MR. BLAINE at the last Presidental election, because, "He ain't no honest man. He's got BRIGHT'S disease, an' why do'ne he give it back to MR. BRIGHT?"

"Yes, indeed, BROWN is a very sick man." "When was he taken ill" "Yesterday morning I was called to attend him." "Ah, that accounts for it." And now these distinguished practitioners never speak as they pass by.

Formulary.

A PAIN KILLER.

℞ Tinct. capsici, ℥ ijss.
Rass guiaci, ℥ ss.
Gum. benzoin, ℥ j.
Opii (Smyrna), ℥ ij.
Myrrhæ, ℥ vj.
Camphoræ, ℥ ij.
Menthol ʒ iss.
Ol. caryoph. ♏xv.
Spts. vini rect., Oj.

Macerate the capsicum, opium, guiacum, and myrrh in three parts of the spirits of wine for not

less than three days; percolate, press, digest residue for twenty-four hours, percolate and press the marc. Mix the percolates and filter. Dissolve the benzoin, camphor, menthol, and oil of cloves in the remaining half-pint of spirit, filter, and mix the filtrate with the clear spirituous solution already described. Put up in well-stoppered or tightly corked bottles.—*British and Colonial Druggist.*

DAY'S KIDNEY PAD.

Take of:

Black cohosh, oz. 1.
Gum benzoin, powdered, oz. 1.
Gum guaiacum, powdered, oz. 1.
Juniper berries, oz. 1.
Queen of the meadow, oz. 1.
Digitalis leaves, oz. 2.
Oil of juniper, oz. 1½.

Grind the drugs to a moderately fine powder and mix with the oils and gums. Make an oblong pad to wear over the kidneys.—*Kilner's Modern Pharmacy.*

APPLICATION TO THE GUMS IN DENTITION.

Dr. Pierre Vigier, in the Gazette Hebdomadaire de Medicine et de Chirurgie, of 24th July, 1885, recommends the following as an anodyne in dentition:

Hydrochlorate of cocain, 10 centigrammes.
Simple syrup, 10 grammes.
Tincture saffron, 10 drops.

Mix.

The gums should be gently rubbed with this syrup several times during the day.

CATARRH REMEDY.

℞ Comp. tinct. benzoin,
Tinct. tolu, each, oz. 2.
Chloroform,
Sulphuric ether, each, dr. 1.
Aromatic spts. of ammonia, oz. 1.
Oil of tar, dr. 1.
Rectified spirits, oz. 5.

Mix.—Use with Cutler's inhaler.

—*Medical World.*

COMMON COLDS.

As a useful prescription in "common colds," Prof. Bartholow offers the following:

℞ Codeiæ, gr. j,
Syrup. scillæ comp.,
Syrup. tolu, aa f ℥ ss.

M. Sig.—A teaspoonful pro re rata.

—*Col. and Clin. Record.*

TOOTHACHE DROPS.

℞ Choral hydrate, 20 grains.
Refined camphor, 15 grains.
Chloroform, ½ drachm.
Tinct. aconite root, 5 drops.
Oil of cloves, 10 drops.
Tinct. opium, 20 drops.

M.

—*Druggists' Circular.*

Medical Progress.

The Treatment of Acute Coryza.—Dr. Solomon Solis-Cohen contributes an article on this subject to the Philadelphia Medical Times in which he differs from the French surgeon who said that a cold in the head is best treated "with contempt." Many such colds occasion sufficient distress to demand the best attention of the physician for their relief. Belladonna possesses the property of checking secretions from mucous surfaces and has long been employed in acute coryza. Beverley Robinson, J. Solis-Cohen, M. Gentilhomme and others, speak favorably of the use of the drug, either externally or internally. The most convenient mode of administration is in the form of a solution or pills of sulphate atropine. These must be given early in the disease and will prove abortive in nine cases out of ten. A dose of 1-120 of a grain is to be administered when the case is first seen (if as early as the second day of the attack). If no dryness of the mouth be produced, this dose may be repeated in four hours. The rule for the third dose is the same, dryness of the mouth or dilatation of the pupils being an indication to stop the remedy.

Dr. Cohen says: "When a case is seen during the first twenty-four hours, two doses will often bring the affection under such complete control that the patient does not resort to any further medication. Secretion of thick yellowish mucus, requiring the occasional use of the handkerchief, will, however, usually persist for about a week, but there is ordinarily no embarrassment to breathing. Sometimes it is necessary to repeat the dosage in the same manner on the following day, the indication being renewal of watery discharge, suffusion of the eyes, and more or less "stuffiness" of the nose. In order to secure the full therapeutic benefit of the atropine in severe cases, it must be pushed until the physiological effect is produced,—that is, dryness of the throat and dilatation of the pupil. One patient complained of the former symptom that it was worse than the disease. In one case 1-16 gr. of pilocarpine hydrochlorate was administered by the mouth, with the effect of relieving the unpleasant sensations. Ordinarily, however, the dryness is readily overcome by allowing a few pellets of ice to melt in the mouth, or by rinsing the mouth from time to time with cold water."

The effect of cocaine in causing local contraction of blood-vessels, has led to its use in acute coryza.

"While the relief is almost immediate, even in cases where there has been great obstruction to breathing, the effect passes away in from two to three hours, and the drug is too expensive to use as often as is necessary. I have found the fluid extract of erythroxylon to be equally efficacious, if instilled into the nose in sufficient quantity. The alcohol of the fluid extract is, however, objectionable, producing considerable smarting. An infusion can be made of equal strength by the addition of a small quantity of glycerin, and by this means we get rid of all the unpleasant effects not inseparable from the drug. The employment of a preparation of coca will give excellent results in connection with the atropine treatment. The patient is given a glass "dropper" slightly

curved at one end, such as is used by oculists, and instructed to flood the nose with the infusion of coca whenever it becomes "stopped up." He is directed to draw the medicine back into the throat, in order to make sure of reaching the posterior ends of the turbinated bodies."

DR. COHEN considers this plan far superior to the old method of breaking up a cold with Dover's powder and hot foot-baths, although these remedies are good and have their advantages. With pilocarpine he has had but slight experience, having used it in but one case, with the result of producing slight perspiration and apparently curing the cold. In all cases he begins treatment by administering a brisk cathartic.

In the latter stages of coryza, atropine cannot be employed to advantage. Here good results are sometimes to be obtained from the use of ammonia salicylate in doses of ten to fifteen grains, repeated every second hour until *tinnitus aurium* is produced. The ammonium salt has proved more efficacious than salicin, salicylic acid or salicylate of sodium.

"In a few cases of influenza, in which the coryza has been quite severe, in some of which there has been much conjunctival distress, and in all of which headache and lassitude have been marked, though the febrile symptoms have been mild, cinchonidine salicylate has apparently been of great benefit, while the infusion of erythroxylon has been of inestimable value in relieving the distress occasioned by the nasal symptoms."—*Northwestern Lancet.*

FEEDING THE SICK.—It is often—we might even say always—a matter of wonder to commencing practitioners of medicine that no specific instruction has been given to them while students on the subject of sick-room dietetics. At once when they enter on the practical duties of professional life they find themselves called upon to answer the question, probably put by their first patients, "And now, doctor, what shall I eat?" The young physician needs no reflection to convince him that the inquiry is not merely a natural one, but that it is in a majority of instances a supremely important one, and that on the manner in which he answers it the well-doing of his patient will principally depend. Then it is that he looks back on the long course of his studies, and strives in vain to recall that he has ever received any systematic information in this essential department of physic. Scattered observations, and occasional descriptions of the kind of food appropriate for particular cases of disease he will probably remember to have heard during the course of a clinical lecture, or falling from the lips of the physician during his visits to the wards; but such fugitive utterances are, he feels, in the hour of need, of small service to extricate him from the difficulties of his situation, and he consequently is compelled to fall back on the limited resources of his recollection in order to satisfy the demand of his client for instruction in the way of eating and drinking.

The present system of teaching medicine is in this respect sadly deficient; and whether the cause is to be found in a misappreciation of the importance of the subject, or in a want of adequately informed instructors, it is one that calls for early remedy. And this is the more necessary since the public is rapidly becoming more or less acquainted with the principles of nursing, and thus in a position to criticise the shortcomings of medical attendants in the same direction, so that it behooves the profession to be alive to the possible loss of esteem that may be occasioned by the ignorance of commencing practitioners on the subject of sick-room diet. Fortunately, however, there is the appearance of awakening to the necessities of the hour on the part of at least a few of those who are in the present ranks of teachers; and most of all are we indebted to DR. W. ROBERTS, of Manchester, for both exposing the truth and for showing the manner in which the faults of the past may be remedied in the future. DR. ROBERTS communicated one of the most important papers read at the Association meeting at Cardiff to the Section of Medicine on "Feeding the Sick." In this admirable address DR. ROBERTS has given in outline a vast amount of information, armed with which the practitioner need not fear embarrassment when met with a request for directions as to the feeding of his patient. It was not, of course, possible in a single communication to embody all that can be said with advantage on so large a subject; but the principles expounded and the details as to forms of food to be administered, together constitute a solid and invaluable contribution to practical therapeutical science, and an unquestionably serviceable guide to the general practitioner.

DR. ROBERTS' teaching, however, will, we trust, have a more widely extended effect than that of assisting the efforts made by those who immediately profit by them. Though we have not yet in our great schools of medicine any systematic instruction on the subject we are discussing, it is by no means improbable that it will ere long obtain a recognized position in the curriculum. Indeed, if the doctor is to hold his own, it must be so, for the haphazard education he receives now-a days in the science of dietetics, is the prime cause of the disagreements among physicians in their advice to patients on the question of food and drink, and of which the public justly complain. Dietetics is a most important branch of therapeutics, and as such it must henceforth be recognized.

THE INFLUENCE OF ENVIRONMENT ON DISEASE.—There is a growing tendency in the profession to regard the annual meeting of the British Medical Association more in the light of a pleasant social *reunion* than as a strictly scientifically inclined gathering, and it must be confessed that there is a good deal to lend support to such an opinion. Consequently also on the distinctly pleasure-seeking nature of the excursions, a tone in harmony with its aims is observable in many of the addresses that are delivered in connection with it; and it is no slight tribute of praise to record that the twofold object of instruction and entertainment is often very successfully secured in the compositions in question. At the meeting which was brought to a close at Cardiff last Staturday (August 1st) many papers were read which can justly claim to be regarded as excellent, and we would especially mention the Address on Medicine prepared by DR. WILKS. Its learned author does not claim for it, nor would he be

pleased to hear the assertion made, that it is suggestive of anything new; but it is much in these days to have presented to us familitr thoughts in such guise that they must give cause for renewed reflection on subjects familiarized by long acquaintance.

The influence exerted by the environment on the physiological life of the individual is, at all times, a fascinating subject of study, and it is likely ever to remain a productive field of observation for all philosophic practitioners of medicine, leading constantly to new and valuable observations of the relations between cause and effect. The circumstances of surrounding must of necessity be undergoing constant changes and ever-varying alterations as the progress of civilization outdo the elementary novelty in the social life of nations; and inasmuch as the delicate organism of science is framed to react to each strange influence which, when oft repeated, grows into custom, so will there be presented to the physician an unending series of bodily indications of the working of such influences, with a corresponding succession of phenomena, bearing with more or less directness on the production of healthful and on pathological processes. It is wisdom that suggests the importance of viewing every fresh "discovery" from such a standpoint as is shadowed forth in these reflections; and it is wise to bound the speculative instinct within the limits that experience has proved to be judicious, not permitting fancy to carry us a further distance than can be retraced when a check arrives to overthrow the calculations based upon data which have been accepted as fixed without their being sufficiently confirmed in fact. The illustration of this end, afforded by the history of the bacillus controversy, to which Dr. Wilks adverted, is very apt to the occasion. There has been, and there still is, danger of too rapid formation of conclusion in this connection, and while still we are not certain of the final halting place to which science is conveying us, it is well to maintain a retrospective attitude, lest the rush of conviction should carry us beyond the limits of safety in regard to the treatment of those afflicted with pulmonary disease.

The address to which we have referred is admirably calculated to serve the purpose it was designed to meet; without introducing abstruse problems of physic, it provokes reflection on the principles that underlie disease, and it offers an impressive caution against too enthusiastic adoption of theories which still await the movements of too extended observation and experience to lend them weight. We can afford to listen to many such instructive essays, and we shall never act injudiciously by accepting them as guides in thought and in action.

The Uses of the Liquid Extract of Ergot.—The following record of the therapeutic action of ergot may not be uninteresting:

Everyone, of course, is acquainted with the action of ergot on the uterus; its advantages in menorrhagia is also well known. I have used the liquid extract of ergot with great benefit in hæmoptysis and epistaxis. Recently my assistant-surgeon had a pet dog which bled from the nose during the excessive heat of June. I have often met with these cases of epistaxis in dogs of European breeds in India during that month. The assistant-surgeon asked me if I knew anything which would stop it. I said, "Try the liquid extract of ergot." The next morning be said, "Thank you, sir; the ergot quite stopped the bleeding, and I think the dog will get well now." Very few, however, may have heard that ergot will cure hiccough. Last autumn there was in this district an extensive epidemic of intermittent fever. The police hospital was full of fever cases. One day a police was admitted with an obstinate hiccough. He said he had had it for some days, and had no other ailment. I tried many remedies—sedatives, narcotics, antispasmodics, and counter-irritants. I examined his body, to see whether there might not be some latent hernia in any part which might be the cause of it, but found nothing. I gave him a large antispasmodic enema, and then a strong purgative. The hiccough went on. I next tried chloroform and subcutaneous injections. As long as their effects lasted, freedom from the distressing spasm was experienced. Then it came on again with unabated force. The patient began rejecting his food and everything he took by the mouth. The case was taking a serious aspect, and I thought death would ensue. As a last resource, I ordered the liquid extract of ergot in drachm doses. I did this simply because I knew it had a decided action on muscular fibre. The first dose moderated the spasm, the second did further good, and the third or fourth stopped it altogether. The patient had some rest, but later on the hiccough returned. Three or four doses stopped it again; it never returned, and the man was well. Recently another case was admitted with a similar obstinate hiccough. My hospital assistant gave the liquid extract of ergot at once; after some doses the cough was stopped and did not return. I have often given this extract in drachm doses frequently repeated, and have never observed any disadvantage from it. As to the cause of this idiopathic hiccough, I think it was a chill. It was the season of hot days and cold nights, with heavy dews. Natives are fond of sitting out in this chilling air. Most of them get fever; the policeman spoken of got hiccough instead. A chill at one season may give bronchitis or pneumonia; at another it may give fever or produce some other reflex disturbance; at a third it may produce diarrhœa or dysenteria; and, I believe, even an attack of cholera may be caused by a simple chill, other things being favorable.—E. Bbonavia, M. D., Brigade Surgeon, I. M. D.—*London Lancet*, Aug. 15, 1885.

The Use of Lactic Acid in Laryngeal Tuberculosis.—Dr. H. Krause in following up the experimental application of lactic acid as pointed out by V. Mosetig-Moorhof, who has found it valuable in the local treatment of fungous caries, lups vulgaris, superficial epithelioma, and papilloma, has made use of the remedy in the local treatment of laryngeal tuberculosis. The case which he records had previously been under treatment, and a great variety of agents was used without beneficial result. Among the remedies used were iodo-

formized glycerin, boric acid, carbolic acid, and creasote either with morphine or cocaine.

The cases in which the pathological condition was treated are fourteen in number, and microscopic examination showed the presence of the bacillus tuberculosis in every instance. The results of the local applicatfon of the lactic acid were as follows: Hand-in-hand with the decrease of the infiltration and the scar of the ulcer a diminution of pain was noticed, and at the same time diminution of the secretion. The subjective result so far as the larynx is concerned is, that in all the patients, without exception, the condition was markedly improved.

Concerning the return and persistence of the cure after cessation of treatment nothing can be reported on account of the limited time covered by the observations. DR. KRAUSE considers, however, that the use the acid is of certain efficacy in the treatment of this form of tuberculosis, and especially worthy of trial in the light of the failure hitherto experienced in the treatment of this affection of the larynx.

Even in cases in which, owing to far-advanced pulmonary tuberculosis, and the general effects of the disease, only a most unfavorable prognosis could be given, the dysphagia accompanying the disease was much diminished by lessening perichondrial œdematous infiltration. The writer further does not hesitate to express a hope that in the least unfavorable cases in which laryngeal tuberculosis has not advanced too far, and the general constitution is well conserved, the use of lactic acid will render it possible to destroy the infiltrated tissue and effect the concurrent cure of the local process. The writer, in conclusion, also suggests the application of lactic acid in other diseases of the mucous membrane of the upper air-passages, among which may be mentioned the diffused swelling and circumscribed thickening accompanying chronic nasal, pharyngeal and laryngeal catarrh.—*Berlin klin. Wochenschr.*, *Medical News.*

TREATMENT OF SYPHILIS BY LIEBREICH'S METHOD.—It is now some time since the employment of subcutaneous injection of hydrargyrum formamidatum was recommended in the treatment of syphilis. The interval has not been misspent by DR. CARL KOPP, who has brought together the results of his experience in the Vierteljahrschr. für Dermatologie und Syphilis. Altogether 300 injections were made on 126 cases, giving an average of twenty-five injections per case. Sixty-five cases were males, and sixty-one females. Fifty-three times the disease was treated whilst in its primary form. The secondary stages were treated seventy-one times. Only two cases belonged to the tertiary period. The symptoms disappeared under the treatment in ninety-two cases. Thirteen times the injections had to be discontinued on account of untoward effects. In spite of prolonged treatment, eleven cases failed to be benefited by this method. Ten cases were doing well under the treatment, but this was allowed to lapse from some cause or another. Tenderness about the seat of injection was noted altogether sixty-five times; thirty-four times this subsided in an hour, and in the remainder the tenderness lasted from two to twenty-four hours. Forty-one times an induration developed at the point of puncture. An abscess formed once in a woman. Salivation and stomatitis were recorded twelve times, eight times in men. The injections were continued for a long period in thirty-nine cases, without any unpleasant after-effects. Universal erythema in a woman, eczema of both lower extremities in a man, and parenchymatous nephritis in a woman, were the complications observed during the treatment, but it would be difficult to say what share the injections had in their production. We append some of the conclusions formulated by DR. KOPP: LIEBREICH'S preparation is decidedly useful in certain of the milder forms of primary lues, as also for many slight secondaries. The formamide should not be employed in severe cases where there are large papules or thick infiltrations; inunction is still the best method of treating these cases. The tertiary forms are likewise not to be treated by the formamide. Relapses are by no means prevented by LIEBREICH'S method; on the contrary, they appear to be extraordinarily common after his treatment.—*London Lancet*, Aug. 8, 1885.

REMEDIES FOR SKIN DISEASES IN THE FORM OF SPRAY.—DR. HARDAWAY highly recommends spray as a vehicle in the treatment of affections of the skin. His usual habit is to prescribe a solution of definite strength, from which the bottle of an ordinary hand-ball apparatus is filled, and the patient is then directed to throw the fine spray on the parts affected. Any substance that is "sprayable," either in its liquid form, diluted or pure, or in a state of solution, may thus be employed, *e.g.*, carbolic acid, sulphate of zinc, lotions of grindelia robusta, thymol, liq. picis alkalinus, and fluid cosmoline, medicated or not. In the case of the fluid cosmoline, the tube of the atomizer should be large. The spray finds its greatest range of usefulness in diseases affecting large areas, and in that class of disorders accompanied by itching and a more or less unbroken cuticle, viz.: pruritus, urticaria, papular eczema, and the like. In generalised pruritus he had had good results from spraying on a lotion of the following sort: Carbolic acid, three to four; glycerine, one ounce; and water, a pint. After the bottle of the atomizer has been filled, he sometimes directs the patient to add from five to ten drops of the oil of peppermint. The atomizer bottle should be thoroughly shaken before the bulb is compressed in order to diffuse the peppermint through the mixture, as otherwise it would merely float on top. In many instances the spray is far superior to mopping on lotions with a sponge or rag, being neater and less troublesome, getting the remedy more evenly and uniformly applied over the surface, and usually giving more speedy relief. (Journal of Cutaneous and Venereal Diseases, Vol. iii., No. 4.)—*The Practitioner*, August, 1885.

TREATMENT OF THE OPIUM HABIT BY CODEIA.—I desire to call your attention to a remedy for the opium habit. I first commenced

the use of this remedy in 1883, and since that time 24 cases have been permanently cured under my treatment by the use of this drug, It is codeia, a drug with which all physicians are familiar; but I have known but two members of the profession who were acquainted with the proper method of its use for this trouble. In order to use the remedy properly it is necessary to be thoroughly familiar with the past life of the patient, the length of time opium has been used, and the amount used. To cure the patient of the habit I commence, as a rule, with two grains of codeia three times a day, and increase the dose until the same effect is produced upon the system that is produced by the opium.

After the use of opium has been supplanted by the use of codeia, the system has become accustomed to a drug, the use of which can be dispensed with in a very short time. Codeia, when used in this manner, does not block up any of the secretions, and has no other effect upon the stomach than to give the patient a slight increase of appetite. It has a slight tendency to constipate the bowels; and with some it produces an after depression, but not with those who have used opium to any great extent.

Previous to the use of this remedy it was my practice to use coca in certain cases. I found, however, that it constipated the bowels, and took away the appetite; and that, after continued use, it was almost as difficult to get rid of the coca habit as it had been to become relieved from the morphia.

With the use of the remedy some patients must have a tonic treatment; and if the constipation exists, I have found the aloin, pill No. 1, to be the best remedy.—W. H. LINDERBERGER, M. D.—*Medical News*, August 22, 1885.

THE DISADVANTAGE OF PROPRIETARY PREPARED FOODS.—DR. W. ROBERTS, in his address to the British Medical Association on "Feeding the Sick," made reference to the numerous prepared foods for infants and invalids in which so large a trade is now carried on. He pointed out that these foods, one and all, must necessarily be derived from a limited number of well-known flours, including wheat, barley, oats, maize, pea, lentil, and one or two others. While admitting that these various foods possess undoubted excellencies, and that they severally are adapted to different cases and conditions, DR. ROBERTS, however, insists that it is a great disadvantage that they are all practically secret compounds, and that on this account they are unfitted for the use of the physician. Both the latter and his patient would be more favorably situated if the attendant were able to order a food, the exact composition of which was known beforehand, and consequently its effect on the system pregauged, instead of being compelled to trust blindly to a mixture of which he can only approximately guess the contents. In the same way as secret remedies are eschewed by medical men because of the uncertainty attending their composition, so, argues DR. ROBERTS with much justice, is there reason for a physician to be chary of ordering his patient a food of which the precise composition is not publicly declared. The question that this opens up, is a very important one, which has not hitherto been sufficiently considered; and it remains to see whether purveyors of the better known foods will not find it most to their interest to remove the bar of secrecy from their particular preparations.—*Med. Press and Circular*, August 5, 1885.

RESORCIN IN THE TREATMENT OF WHOOPING-COUGH.—In a recently published monograph, DR. MONCORVO, of Rio de Janeiro, reaffiirms the opinion, advanced by him in a previous work, that pertussis is a local disease and that it is not primarily an inflammation of the bronchial tubes. Bronchitis may co-exist, he admits, with whooping-cough, but when it does so it is to be regarded as a complication, and by no means an essential part of the disease. He further maintains that the affection is apyretic in its course, leaving out of consideration the complications which may occur, and cannot therefore be classed, as it is by some writers, among the fevers of childhood. The writer holds to the view, and it is upon this that his treatment is based, that pertussis is a parasitic disease confined to the larynx, essentially local, and to be combatted by local measures. His treatment consists in the application of resorcine, in one- or two-per-cent. solution, to the larynx at intervals varying from two to 12 hours, according to the severity of the case. The first application may cause an apparent aggravation, but improvement soon follows, and in a short time the paroxysms cease. The author insists upon the necessity of using pure resorcin, occurring in silvery-white needles, very soluble in water, possessing but a faint taste, and free from any odor of benzine or creosote. The author reports upward of 40 cases in which resorcin was used, in every one of which recovery took place in a very short space of time.—*New York Medical Record*, August 15, 1885.

COLD PEDAL DOUCHE FOR CATARRH.—Medical science often seems to be a compound of contradictions. The hot foot-bath with or without mustard is a popular remedy for colds, whether of the head or chest. The use of the cold douche to the lower extremities for catarrhal maladies is not so well known, and by no means so frequently advocated. Recently, however, M. BOURGAREL has extolled the benefit of the cold douche to the feet in diseases of the respiratory passages. As all the world knows, the object of the pedal excitant is the production of *reaction*. M. BOURGAREL maintains that reaction is easily obtained by the application of cold, and for this purpose the douche need not be very forcible or long applied. It is recommended that the cold douche to the feet be systematically used. There can scarcely be a doubt of the value of this treatment, provided the cases in which it is prescribed are suitable. As a general tonic to the circulatory and nervous systems, the application of cold water under some pressure to even a small area of the superficies of the body stands in a high place. The beneficial effect on the system at large reflects itself on those parts which are in a less healtny or atonic state.

And so it follows that the remedy in question may put the finishing stroke to a chronic catarrh. That the temporary shock and subsequent reaction implied in the cold douche may also prove of service in spasmodic attacks is not without the bounds of physiological reason. —*London Lancet.*

SALICYLIC ACID AND CASTOR OIL IN PSORIASIS.—DR. FOX, of New York (Journal of Cutaneous and Venereal Diseases, vol. iii, No. 5), showed at a meeting of the New York Dermatological Society a girl eight years old who had psoriasis covering all the body. The patient's father and sister also had psoriasis. When she was admitted to the hospital, a two-per-cent. solution of salicylic acid in castor oil was applied to the right arm, a weak solution being used because of the great congestion of the skin. When the patient was shown the scaling was less, and many of the patches had disappeared, although the disease was extending in other directions. To the left arm the mixture of oxide of zinc and balsam of Peru had been applied, and there was even less congestion in this situation. In the second case, the lower extremities were chiefly affected. This patient was peculiarly susceptible to the action of ammoniated mercurial ointment, even a very small quantity exciting severe dermatitis. Chrysarobin pigment had been applied to the right leg, and a five-per-cent. solution of salicylic acid to the left leg, producing a marked improvement in the condition of the eruption in the latter situation.—*The Practitioner*, August, 1885.

TREATMENT OF ECZEMA IN REGIONS COVERED WITH HAIR.—Taking the scalp as a region —for which the directions laid down may be generalized in the treatment of eczema of hairy parts—it is recommended that the head at first should be thoroughly washed two or three times with soap, in order to insure the cleanliness of the affected parts. After this has been done, daily applications of the following preparation should be made:

℞ Acid. salicylici, gr. x.
Tr. benzoini, gtt. xx.
Vaselini, ℥ j.
M.

If a topical application is desired, which will more readily dry the parts, the following is recommended:

℞ Acidi salicylici, gr. x.
Amyli,
Zinci oxidi, ää ʒ iv.
Vaselini, ℥ j.

—*Jour. de Méd. de Paris*, July 26, 1885; *Med. News*, Aug. 8, 1885.

COCAINE IN THE TREATMENT OF INFLAMED NIPPLES.—The limits of usefulness of cocaine do not seem to have been reached. The sphere of its therapeutic activity is, on the contrary, constantly increasing. One of the peculiar features of the remedy is the promptness and constancy of its action. Its latest employment is that advanced by UNNA in the treatment of inflamed nipples, in which affection he holds it has no rival in marvellously removing both pain and soreness. Every physician knows how troublesome and difficult it is to cure a fissured nipple if a baby is nursing it. To afford prompt relief, even while the child nurses, has not been hitherto accomplished. Cocaine is said to have succeeded in all cases tried by UNNA and others. The nipple is to be brushed every ten minutes, in the intervals of nursing, by a weak solution (one-half to one-per-cent.) of the hydrochlorate of cocain. Within one or two days the fissure will have healed completely, and all pain consequently will have completely disappeared. The bitter taste of the drug does not prevent the child from nursing, nor is there any danger of its absorption and consequent untoward effects in the child. It would even possibly benefit the child when irritable and restless.—*Therapeutic Gazette.*

USEFUL AGENTS IN THE TREATMENT OF SCARLET FEVER.—When lecturing upon scarlet fever, PROFESSOR DA COSTA mentioned the following agents as being of use:

1. Carbolic acid, gtt. ½, a dose for child two years of age; give in mint water.
2. Ammonium carbonate, gr. ij, every two hours to a child ten years of age.
3. Potassium chlorate, ʒ j, in water, O j; patient to drink this in twenty-four hours.
4. Salicylic acid when high temperature is present.
5. Small doses of chloral.

Always keep skin active, and if heart be weak, give digitalis—if arterial tension be high, give aconite. When much exudation has occurred, he prescribed, for its solvent action:

℞ Ammonii carb., gr. x.
Liquor. ammon. acetat., f ℥ ss.
M. Sig.—Every four hours.

If there is much depression, prescribe also quinia and digitalis in combination.—*Col. and Clin. Record.*

HYPODERMIC INJECTIONS OF ETHER.—In adynamic pneumonia, when there is considerable depression of strength, and the ordinary means having been exhausted, while the patient is menaced by asphyxia, DR. BARTH injects hypodermically a PRAVAZ syringeful of sulphuric ether, repeating it a second, third, or even a fourth time in the day in bad cases. These injections render the cough easy, and allow the bronchi to clear themselves. They may be inserted at the external side of the thighs, the back, or sides; and they give rise to a sharp burning, sensation which, however, soon subsides. DR. FEREOL employs these injections whenever he has to do with excessive debility consequent on hæmorrhage, typhoid fever, etc. He regards them as a valuable means of restoring life to patients who are exhausted and threatened with speedy death. DR. MOUTARD-MARTIN has used them with

success in the algidity and cramps of cholera. —*Union Médicale.—Medical Times*, August 8, 1885.

BROMIDE OF ZINC.—DR. TESTA has recently published an interesting study on the action of bromide of zinc, to which he appends the following conclusions (Revista Médica de Sevilla, June 15, 1885): 1. This remedy in small doses diminishes sensation, and in large doses destroys the power of voluntary motion, leading thus by its double action to complete paralysis. 2. These effects, unless the dose has been very large, gradually diminish and disappear spontaneously. 3. Bromide of zinc arrests the frog's heart in extreme diastole, but this is a late symptom. 4. The action of this drug resembles more that of zinc than that of bromide of potassium. 5. The action of the zinc is, however, modified by that of the bromine, since somnolence, which is caused by it, is not an effect of zinc. 6. The remedy acts first upon the peripheral extremity of the sensitive nerves and then upon the spinal nervous centre. 7. That it also acts upon the cerebral centres is evidenced by the somnolence caused by it.—*New York Medical Record.*

CREOSOTE IN DENTITION.—During the last two years, I have been putting creosote to a use that is, perhaps, new to some of your readers. I use it during the teething process of infants. With febrile excitement combined with it aconite or any other indicated sedative, and if diarrhœa, etc. be present use ipecac or baptisia. I generally order creosote x', gtts. ii. to iv., Water, ℥ iv., M. Sig.: Teaspoonful two hours, later three to four hour. The creosote x'. may be prepared by adding gtts. x, (ten drops) to alcohol 98%, 100 gtts. (100 drops). The practitioner who adds the above remedy to his pocket case and prescribes in the condition named, will certainly receive thanks from the mother of the little one for the promptness with which it has been relieved.—C. M. BRUCKER, M. D., in the *Eastern Medical Journal*, August 15th, 1885.

THE EXTERNAL USE OF CHLORAL FOR NIGHT SWEATS.—NICOLAI (Wratsch; St. Petersb. Med. Woch.) remarks that the usual remedies for night sweats have the disadvantage that the system soon becomes accustomed to their action, and that, consequently, the dose has to be so increased that unpleasant collateral effects are produced. The external use of chloral, he says, is free from this objection. He uses a mixture of two drachms of chloral and two beerglassfuls of equal parts of brandy and water. With this mixture the patient is bathed at bedtime. If this is not enough, a clean night-shirt is put on which has been soaked in the solution and then dried. This treatment is said to be particularly successful with children, when the trouble is not due to phthisis.—*N. Y. Med. Jour.—Amer. Med. Digest*, August 15, 1885.

THE TREATMENT OF NÆVUS BY ETHYLATE OF SODIUM.—For some months past ethylate of sodium has been extensively employed by me in the treatment of cases of nævus occurring in children, and up to the present I have every reason to be satisfied with its use. I paint over the nævus two coatings of the ethylate on two consecutive days, taking care to protect the surrounding skin before the application, and in all instances of superficial nævi thus treated, have found them cured on the separation of the scab. Those cases affecting the subcutaneous tissues generally require a second, or even in some cases a third, repetition of the remedy.

It seems to leave less scar than nitric acid, to cause less pain to the child, and, undoubtedly, of all applications, is the one least dreaded by the mother. SAMUEL WELCH, M. R. C. S.—*British Med. Journal.*

COCAINE IN "SNUFFLES."—DR. ZEMSHCHENKO (London Lancet, June, 13th, 1885,) has treated 17 infants from two to three months old, with coryza, by means of cocaine dropped into the nose. Two drops of a two-per-cent. solution were thus applied from four to six times a day with remarkably good results. In only one case was any increase of secretion observed. He has also made us a four-per-cent. solution for older children. As, however, there is some risk of the solution being swallowed and produceng vomiting, he finds it best to apply the cocaine by means of an ointment. In one case of suspected "snuffles," in a child three weeks old, whose mother was syphilitic, the writer painted the nares with a two-per-cent. solution with satisfactory result.—*Northwestern Lancet*, August 15, 1885.

REMOVAL OF SMALL PIGMENT DEPOSITS BY ELECTROLYSIS.—DR. HARDAWAY (Journal of Cutaneous and Venereal Diseases, No. 4, vol. iii) remarks that the electrolytic current has a wide range of cosmetic application in dermatology. Besides its use in hirsuties, it is useful in warts, moles, small fibromata, milia, and cutaneous horns. It is equally effectual in scattered, very brown or black freckles. In these cases, one should quite gently and superficially prick the pigment deposit here and there with the point of a stiff electrolysis needle, taking care to get down to the corium, thus permanently removing the offending pigment without scar.—*Practitioner*, August, 1885.

TRICHLORACETIC ACID.—This substance is said to be an excellent antiseptic agent. DR. FILIPOVICH has employed it with success, in an aqueous solution of the strength of 2½ to 5 per cent. in the treatment of wounds, erysypelas, soft chancre, etc. He has also given it internally in gastric catarrh and cancer, in doses of 2 to 4½ grains (0.12 to 0.30 gramme) for adults.—*N. Y. Med. Record.*

TO PREVENT BUZZING OF EARS PRODUCED BY QUININE.—The distressing ear symptoms produced by the administration of quinine or salicylate of soda, are counteracted by the addition of small doses of ergot to the mixture.—*American Medical Digest*, August 15, 1885.

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Original Articles

PLACENTA PREVIA.*

BY E. G. EDWARDS, M. D., LONDON.

Unavoidable hemorrhage is admitted, I believe, by all, to be due to the attachment of the placenta over part, or all, of the os uteri, partial detachment of the same causing the hemorrhage.

Accidental hemorrhage, on the other hand, occurs from placental detachment of a normally situated placenta.

I have met with seven complete cases of placenta previa extending over a practice of thirty years. Out of these seven cases I will dismiss one very summarily, that case having been my own sister:

I was sent for a distance of about twenty-five miles to see her, but on my arrival she was dead. The doctor who was in attendance had not succeeded in arresting the hemorrhage, from which she died undelivered, near the full term of gestation.

Of the remaining six cases all the mothers recovered. Two of the children were born alive and four dead.

CASE I. Fourth labor: called a distance of six miles to this case. On my arrival, learned that she had had previous floodings within a short time of each other. The doctor who was called at those times could not be found in this instance. Examination revealed placenta covering the os. I separated the placenta as far as I could from around the os with my index finger. In doing so, succeeded in getting it completely detached from the os. As the os was very dilatable I succeeded in making a diagnosis of head presentation, and, as labor was in progress, I gave ergot and ruptured the membranes. Child soon born alive by natural uterine efforts; mother made a good recovery.

CASE II. Was called upon about 6 p. m. by husband, who told me that his wife had a severe flooding without any known cause, and without any pain. He said that she was in the family-way about, he thought, eight months, with first child. Owing to another engagement preventing my going immediately, I instructed him to hurry home and place her in the recumbent position, and keep her head low, and give her cool drinks, and to report at once if the hemorrhage continued. About six hours after he returned, saying, "My wife is bleeding to death," and to hurry as quickly as possible. Upon reaching her, she was truly in a most dangerous condition from loss of blood—pulse almost imperceptible—in short, she appeared dying. Having lowered her head still more, opened the door and windows, then gave 20 drops of laudanum in a little hot water and whiskey. On examination found placenta completely covering the os. I immediately cleansed out the vagina from clots and then plugged. Ordered hot milk and chicken tea to be speedily prepared and given. After she had somewhat rallied, gave her 2½ grains of opium. I did this in consequence of great restlessness and irregular uterine pains, she being, as I thought, too weak to deliver. The opium caused her to sleep between four and five hours, and quieted pains.

At the end of this time the pains again commenced, and being sufficiently rallied I removed the plug, introduced the hand into the vagina, separated the placenta on one side, then cautiously introduced the hand into the uterus, found a foot, turned, and delivered; but the child was dead, and the mother was almost in *articulo mortis*.

The after-birth came directly away, but the uterus would not contract properly, and ergot seemed to have no effect. After rallying a little, post-partum hemorrhage commenced. I then gave her ʒ j of sugar of lead, and half a grain of opium in two tablespoonfuls of vinegar, and some water. I kneaded the uterus, applied cold, etc. In about fifteen minutes she vomited; then the uterus contracted firmly, and the woman made a slow recovery, after wading through phlegmasia dolens.

I may here state that I consider vomiting of great service in floodings, and it may be speedily induced by pushing the finger down the throat.

CASE III. Called to a case of hemorrhage near the full term of gestation. On examination found I had a case of placenta previa completely covering the os.

Treatment.—As it was head presentation, I separated the placenta from the os as far as I could reach, and as my finger is long I completely detached it from one side; then gave ergot, as there was some pain, waited a few minutes and ruptured the membrane. The

*Read at meeting of Ontario Medical Association.

child was born alive, unaided by artificial means. The mother made a rapid and complete recovery.

CASE IV. In this case severe floodings had taken place twice, both of which had ceased before my arrival. Not so with the third flooding, as I found her still flowing, having lost a large amount of blood. Considering her too weak to deliver, and the placenta completely covering the os, I gave stimulants, plugged, and waited, ordering hot milk and chicken tea to be given frequently, then left, leaving orders to notify me should any unusual change take place. In about three hours I returned and found her rallied, as I thought, sufficiently to deliver. I then removed the plug, separated the placenta as far as I could with my finger, gave ergot, and ruptured the membranes, believing it was head presentation. The placenta, being completely detached, was thrown off; then, on making another examination, to my disgust discovered a cross birth, which necessitated turning the child and delivering by the feet, which was done. The child was dead. The mother made a good recovery.

This case gave me a great deal of uneasiness, as I had my misgivings respecting the treatment which I adopted, which were not in the least soothed by a brother practitioner to whom I related the whole case shortly afterwards. My misgivings were due to two causes:

Firstly.—Had I diagnosed cross-presentation in time, I would have turned either by external and internal manipulation, and before rupturing the membranes, if possible, or by introducing the hand into the uterus.

Secondly.—Had I done so the child's chances would have been better.

I may here state that as soon as the afterbirth was completely detached and removed, although the child was unborn, there was no further hemorrhage.

CASE V. In this case I was called to assist another doctor, as his patient had lost a great deal of blood; and pains still continuing, and having diagnosed head presentation, I advised detaching the placenta from the os as far as possible, to give ergot and rupture the membranes, which was done. Natural efforts of the uterus, unaided, expelled both child and placenta. Child was dead. Mother made a good recovery.

CASE VI. AND LAST. Mrs. McC., residing on the border of London East, in London township, age 39 years: tall, thin, dark complexion; third confinement. Her husband came to my office on the 5th March, 1883, and said that his wife had lost a great deal of blood that morning, while sitting on the chamber making water, and without any pain or known cause. He thought she was within two weeks or a month of her confinement. Upon further enquiry I learned that he had placed her in bed and that the bleeding had ceased. I did not then visit her, but explained to him the nature of what I believed the case to be, and warned him not to have her left alone. Ten days from that time he came a second time and said, "Doctor, come with me as quickly as you can. I fear my wife is dead, as she has flooded a vessel full and fainted." Reaching her as quickly as possible, her case really appeared hopeless, and there was a chamber full of red clotted blood. I pursued the usual treatment, such as head placed low, abundance of fresh air, and, she being just able to swallow, I gave her hot whiskey, milk, and a stimulating dose of laudanum. The examination revealed placenta completely covering the os. As I considered that she was too weak to deliver, I immediately plugged; then applied warmth to the body; and upon leaving her, ordered hot milk and chicken tea to be given often, likewise leaving two grains of opium to be given should she become uneasy or restless, telling them I should return in six hours unless sent for sooner. About five hours after a messenger came, saying I was wanted immediately, as MRS. McC. was flooding again.

I asked the messenger to call upon DR. McARTHUR and have him go with him, as I might require assistance. Finding that she had rallied, the doctor agreed with me that the sooner we delivered her the better. Having removed the plug, we diagnosed head presentation. I then, after giving ergot, separated the placenta with my finger all around the os. Upon doing so, it became detached from one side, falling into the vagina. I then seized this detached portion with my fingers and pressed it against the opposite side. After a little, the pains returning, I ruptured the membranes, holding the placenta with my fingers to the opposite side until the head stopped by pressure all bleeding. The child was delivered dead by the natural efforts, and the mother made a good recovery.

In conclusion, to sum up: Judging from my own experience coupled with what I read and hear respecting the treatment of placenta previa, my own views are the following: That after one severe flooding the sooner you deliver the better, more especially if there are labor pains. In five out of six cases there were more floodings than one. I recommend, when head presents, to separate the placenta from os uteri all around as far as you can reach, if labor has commenced. Then, if possible, detach the placenta on one side completely, so as to allow you to reach the membranes and rupture, to give ergot by the mouth or ergotin by hypodermic injections, and use a little pressure over uterus externally. In most cases as the water discharges the head descends, thereby plugging, by pressure on the placenta, so thoroughly as

to check the hemorrhage. I am in the habit of emptying the bladder by a catheter and having forceps on hand, and a roller bandage around the abdomen in order to give external support if required, and holding a plug against the os with my hand if the flooding is severe. I had no occasion to use forceps in any case of placenta previa so far.

Respecting turning, I should, in cross birth, carefully try to turn by manipulation by finger in the vagina and external assistance.

I might here state that I have thus succeeded in cross births, lowering the shoulders, raising the hips and so bringing the head, feet, or breech down. I see no reason why we should not try, especially in cross-births, in cases of placenta previa. I have noticed in the December number of the Canadian Lancet an article on combined version in placenta previa.

My advice is never to introduce the hand through the placenta and thereby gain entrance into the uterus for the purpose of turning, for thereby violence is sure to follow. In fact I am not an advocate for turning by introducing the hand into the uterus under any circumstances, unless all other means fail; as I consider that procedure very injurious to the mother and very apt to be followed by shock or by inflammatory action of some kind. Possibly in some cases no other mode is practicable, and it must then be had recourse to. Respecting plugging, I have always succeeded in arresting hemorrhage by this means, giving thereby safety and time. It likewise stimulates the uterus, and the os is found more dilated. I would not give ergot unless I knew the bladder was empty, the parts proportionable, the os dilatable, and instruments at hand. Flooding nearly always relaxes the os. My rule in giving ergot is first to make sure of head, feet or breech presentation, with some pain, and in cases in which I have decided to deliver at once. Ergot would only increase the mischief in placenta previa, unless it was given to assist your efforts at the time of expulsion of the child.

Respecting hot drinks, I am aware that cool or cold drinks are generally recommended in cases of flooding. I do not, however, believe in giving cold drinks in shock or great depression. Opium, in small doses, as a stimulant, I hold very valuable in floodings, and large doses in the cases requiring the plug, to give rest and sleep when time for rallying is necessary.

I once dreaded placenta previa cases as amongst the most dangerous in midwifery; I now look upon them as being very manageable, unless there should be an excessive loss of blood before we see the patient, and even then, in most cases, we can stop the pains by large doses opium, plug, then wait until the patient rallies, then deliver.

I am, as before stated, of the opinion, if there has been great loss of blood, that the sooner you deliver the better, provided the hemorrhage continues, and there is pain, and the patient not too weak; but you should not introduce the hand into the uterus if you can possibly avoid doing so, always giving an anæsthetic when you do. I put emphasis on this latter—anæsthetic (ether or chloroform). My practice and advice is, in all severe midwifery operations, to give one or the other. My reasons for thus advising are:

1st. It is humane and prevents unnecessary suffering.

2d. By its use depression and shock are lessened, if not prevented altogether.

Allow me here to say that I, at any rate, have not, neither do I intend adhering to the old traditional theories and procedures respecting the use of anæsthetics in midwifery.

In conclusion, following up turning in cases of placenta previa, the only argument I can conceive justifying it when the head presents is the speedy delivery of the child in order to save its life, but how often will we be disappointed in this, as it is well known where some floodings have taken place the child is usually born dead. To compensate for that, by plugging and waiting the shock of introducing the hand into the uterus will be avoided and the maternal parts not injured. I believe the time is not far distant when turning, by introducing the hand into the uterus, will be the exception, not the rule as at present.

I have adopted a procedure of my own, viz., when called to a case of placenta previa near the end of pregnancy, when flooding is in progress, with the pains continuing, and the patient not too weak or exhausted, to separate as much of the placenta as I can on one side, detaching a portion of it completely from one side, bringing it down into the vagina; and if the os is not well dilated, and the pain continuing, to squeeze the detached portion between my fingers, or to press it firmly against the opposite side until the os dilates; then I give ergot and rupture the membranes, still pressing the detached portion of the placenta until the head descends sufficiently to check the hemorrhage.

TYPHOID FEVER, OR WHAT?

BY E. T. SHELLY, M. D., HURON, KANSAS.

After reading the article with the above heading, by DR. EDWARD WATSON, in the MEDICAL AGE of September 10th, I could still not convince myself that it is only from "pure habit" that I belong to a class of physicians who "cannot exactly see a true case of typhoid fever" in very many of the continued fever cases met with in this and other localities.

During a practice of four years in this vicinity, it has often seemed to be that every suc-

ceeding year has witnessed a greater proportion of cases that started out as ordinary chills and fever, but which, instead of yielding to the specific effects of quinine, assumed the course of an irregular continued fever, lasting from several days to several weeks, or even months. These four years have witnessed no material increase in the farming population, but three years ago the Mo. P. & C. R. R. was extended through here, and Huron, a town of about 300 inhabitants, sprang up in our midst. Nearly half of the continued fever cases have occurred in the town, while the others have arisen at various points in the surrounding country.

The usual symptoms of the attack may be described as follows: After an indefinite prodromic period of malaise, with loss of appetite, pains in various parts of the body, ("bone-aches," as patients usually term them), constipation and general debility, the acute symptoms are ushered in by a severe chill, succeeded by fever of considerable intensity, which lasts from 12 to 24 hours before any very marked defervescence occurs. After this first remission of several hours, the temperature again rises, and thereafter no regularity whatever in its rise and fall can be noted until towards the end of the attack when, in many cases, it will take a sudden rise to as high a point as it had reached at any time before, generally about 103½° or 104°, after which gradual defervescence occurs in the course of from three to five days.

It is impossible to tell with any degree of certainty how long the attack in a given case will continue; it may last four or five days, or eight or ten weeks. In probably a third of the cases, however, the temperature becomes normal somewhere between the 18th and 25th day.

Nearly all cases suffer with more or less pain in various parts of the body, although some may go through quite a severe attack without requiring any anodyne medicine whatever. Occasionally patients suffer extremely, almost constantly. Usually constipation continues during the entire attack; some tympanitis is generally present, especially if much milk is ingested, but tenderness is very rarely more marked in the iliac fossa than over any other part of the surface of the abdomen. In fact, the stomach usually pains the most. I have never been able to find the rose-colored spots on these cases that are considered to be characteristic of typhoid fever, nor have I noticed, excepting in rare instances, any epistaxis.

In only two cases have I seen blood in the stools; in one it was very small in amount, while in the other violent intestinal hemorrhage occurred on the twelfth day, followed by death in a few hours.

To show the different degrees of severity that may be assumed by a disease (or diseases) in individuals subjected apparently to the same infection, attention is directed to the following: In a farmer's family, consisting of father, mother, and six children, five of the children were taken sick in the course of two weeks. The first, a girl of twenty years, started with a chill followed by fever that continued no longer than two weeks. Next, a boy of twelve years, was taken in the same way, but the fever continued with more or less severity for ten weeks. Then two sons were attacked. One, aged 26, was taken with a chill, and the subsequent fever lasted for three or four days, when he was again able to resume his usual farm work, while the other, aged 24, complained only of malaise for several days and then resumed his work apparently as well as ever. The last, a son of twenty-one, had a chill followed by fever. This seemed to yield to quinine, but after an exposure to wet and cold, a relapse occurred, characterized by most of the regular typhoid fever symptoms. At the end of eight weeks, he died from exhaustion.

All of those cases took large quantities of quinine. In two of them the symptoms seemed to yield to its influence, and in the fatal case, even, they appeared to do so for a while.

The parents and a little girl, eight years old, showed no signs of being affected by the disease in any way.

I considered the principal cause of the trouble in this family, polluted drinking water. My treatment of these cases has been greatly influenced by the politic advice of a prominent physician of Atchison, Kansas: "Call them typhoid so that a protracted illness will be anticipated, and give quinine." I have a number of extra fever thermometers on hand, and, when practicable, I lend one to every case with the direction to push the quinine whenever remissions occur.

Are these cases examples of continued malaria, mild irregular typhoid, a mixture of malaria and typhoid, a distinct entity-typho-malaria, or are some of them one thing and some another, but with many symptoms? Will some physicians, who have settled to their own satisfaction this "typhoid fever, or what?" question, give their reasons for holding their own particular opinions in the matter, whatever they may be?

PENETRATING WOUND OF THE ABDOMEN AND INTESTINES; SUTURE OF INTESTINES; RECOVERY.

BY DR. JNO. AVERY, GREENVILLE, MICH.

About 8:00 o'clock on Monday morning, Aug. 3d, a young man, by the name of Russell, at work in Fowler's mill, near Sheridan, was struck in the abdomen by a splinter thrown from a circular saw. The splinter pierced the walls at near the upper angle of the left inguinal and hypogastric regions, making a triangu-

lar opening of about one inch, through which the intestines protruded when the stick was withdrawn.

The bowel was found to be torn in two places. Two physicians were called, who returned the bowel and sewed up the opening in the walls.

I saw the patient about 3:00 o'clock p. m. He had rallied somewhat from the shock, but was suffering considerable pain.

Having placed him under the influence of chloroform, I removed the stitches in the abdominal wound, but the intestines would not protrude until I had enlarged the wound. The small intestine was found to have been pierced by the missile and the mesentery torn. Two small balls of fecal matter were found near the opening in the gut and removed. The wounds in the intestine were each about one inch in length and directly opposite. The edges were ragged and everted. These were trimmed and the wounds closed by the continuous or glover's suture. In closing the opening near the wounded mesentery, a bleeding point was discovered, which I attempted to seize with the forceps, when a spurting artery was disclosed. This was tied and enclosed in the suture. The cavity was carefully cleansed, the bowel returned and the external wound closed by the deep interrupted suture; and supported by two long strips of adhesive plaster, a compress and bandage. One-third of a grain of morphine was administered, hypodermically, and the patient put to bed. Carbolized silk was used for all sutures, and the sponging done, and compress wet with carbolized water. No other antiseptic precautions were taken.

The next morning, the temperature was 99°. On the fourth day at noon it was 103½°; and the abdomen slightly tympanitic. On the fifth day the temperature was 102°; on the sixth 101° and on the seventh 100°, where it remained until the tenth day, when the bowels moved several times. From this time on convalescence was uninterrupted and rapid. For the first ten days the diet was beef extract, milk and eggs. After the first and during the next eight days the patient took eight one-quarter-grain doses of morphine, and no other medicine except a few doses of aconite on the third, fourth, and fifth days. Dr. S. M. Gleason, of Sheridan, had charge of the case after the operation.

Correspondence.

THE CARE OF THE NEW-BORN CHILD.

Dr. Rosenberry and "Beginner" have both happened to find in the same sentence in my note on the care of the new-born child, a something which they pretend not to comprehend. Such a co-incidence is certainly quite remarkable. This sentence is the following: "The child should have the fullest benefit of the placental connection, and should not be deprived of a drop of the blood which is being pumped into it." Dr. Rosenberry, in quoting it, clothes it in italics, and stigmatizes it as dogmatic. "Beginner," with the modesty which befits the tyro, simply asks where the blood is pumped from, although, by implication, he seems to hold that I am wrong in holding that there is any blood pumped into the child. Dr. R. criticizes the claim that the child derives any blood in this manner, with the confidence of one who is no longer a neophyte. But not content with thus reflecting on my physiology, he makes me to say, by inference, that the blood comes from the mother. He says the "dogmatic" sentence which he quotes, and italicizes "obviously" declares that the blood thus passes from the mother to the fœtus. "Obviously" Dr. R., in trying to make a case against me, does violence to justice, not to say that he seriously fractures the truth.

Mr. Editor, I am only an old practitioner whose life has been spent in bringing babies into the world, curing sick people, and, when failing to cure, in making the transit to the beyond as comfortable as may be. No one appreciates more keenly than I the necessity of physiology and the so-called exact divisions of medicine, as a foundation for sound practice, and no one regrets more than I his lack of thoroughness in those. I have, however, endeavored to make amends for my ignorance of them, by cultivating the habit of observation, and by allowing a free play of the senses. I know enough of the placental connection with the uterus to keep me from making such a statement as Dr. Rosenberry imputes to me, but if he holds that there is no blood "pumped" from the placenta to the fœtus, I must ask him to back up the assertion with the necessary proofs. I cut the cord, and do not tie it, and until the placenta is detached from its uterine connection, there is a free flow from the cord. I tie the placental as well as the fœtal end of the cord to prevent this hæmorrhage, even after the placenta has been detached from the uterus. It is not necessary to consider whence the placenta derives the blood which thus escapes from the cord. The umbilical vein certainly carries blood from the placenta to the fœtus, and, regardless of the original source of this blood, I hold it to be good practice to allow this vein to carry this blood as long as it will. The contraction of the uterus, probably, forces some of the fluid into the child even after the pulsations of the cord have ceased. But I don't know as to that. I do know, however, that the child does better when the cord is not cut until after it has stopped beating. That is the practical point, and Dr. R.'s reflections on my physiological knowledge cannot affect my faith in its value. I may not

know as well as my young friend, the rationale of the thing, but he can't, even by his ridicule, make me discredit the evidence of my senses.

OLD PRACTITIONER.

It was with unmixed pleasure that I perused "Old Practitioner's" article on the care of new-born infants, in your issue of the 25th ult. In view of the alarming extent to which the practice of giving calomel to infants prevails in this State, I wish he had been even more explicit in denouncing the habit of giving cathartics. Alas, it is not the nurse who needs watching in nine cases out of ten, but the physician. Time and again, after seeing mother and child doing well, as I am about to retire, has the nurse, father, or mother, with an accent of surprise, asked, "Why, doctor, ain't you going to give the baby some calomel? DR. ——— always gives calomel, and says if it is not given the liver will never act properly."

As an illustration of the quality of ignorance that prevails among some who practice medicine under the loose legislation of this State, I will relate a case in my own family. The day following the delivery of my wife of a fine, healthy, female child, I was called off to a consultation one hundred and twenty miles away, and nine miles distant from the railroad. While absent, the child died of tetanus, there being two physicians and a "calomelist" in attendance. Old Hydrarg. immediately asked if I had given the baby calomel, and on receiving a negative reply, delivered himself thus oracularly: "Tell the doctor, when he returns, that if he will make a practice of giving a few grains of calomel to new-born babes, he will never lose another in this manner."

I will add that I have never met this old person—for doctor I cannot call him—and hope I never may, my wife being at her sister's house at the time.

I make it a rule to delay tying the cord until the uterus contracts firmly on the placenta, as I think that is nature's method of forcing the remaining blood from the placenta into the child, after pulsation of the cord has ceased. I have even thought that it might be best to wait until the placenta was entirely expelled, but have never yet dared to so far transgress the ordinary rules, knowing well the odium generally attached to the obscure innovator. I must say that I prefer cotton to wool as a wrapping and binder for the infant, as being less irritating to its tender skin. I think the nurse ought always to be instructed not to make the binder too tight on the child, as it is apt to interfere with the proper action of the bowels. It is the physician's duty to examine the binder, after it is applied, and see that it is not tight enough to cause inconvenience. May the LORD send us more "Old Practitioners," is the earnest prayer of yours, fraternally.

GEO. A. TROTT, M. D.

BUCKHOLTS, TEXAS.

RUPTURE OF MUSCLE.

On the 7th of July I started to run, ran about two rods, when I heard a snap, and felt something in the calf of my leg give way, and I fell. Got up and fell again, and had to be carried to the house. When I got there the calf of my leg was very much swollen. Diagnosis: The flexor longus digitorum had given way at its origin.

After about four days the inside of my ankle and foot had become very black from extravasation of blood. The leg was very painful for a time, and for four weeks I hobbled about on crutches without being able to set my foot on the floor. At the end of five weeks, I threw away my crutches, and to-day (a week later) I can walk quite well, though the leg is somewhat swollen, and it is quite painful.

Treatment was wholly expectant. I am 55 years old, and have been in the habit of running a good deal. Not quite a year ago I was called to see a man, about my own age, who, while attempting to pull off his boots (without a jack), was taken with what he called a cramp in the calf of his leg. I think one of the muscles had given way. He could not walk for weeks, and is somewhat lame yet. I could not tell what muscle it was as well as I could in my own case.

A. FORD, M. D.

ALTON, KENT CO., MICH.

ABSCESSES FOLLOWING HYPODERMIC INJECTIONS.

I wish to ask how I am to prevent abscesses forming after hypodermic injection of sulphate of morphine. I use an aqueous solution, as I have done for the past 15 years, but within the last two years twenty-five per cent. of administrations in this way have resulted in abscesses, whilst prior to the last two years not more than one-fourth of one per cent. so resulted. I have used two different syringes, thinking, possibly, the needle might be contaminated in some way. I inject into the areolar tissue just beneath the skin, as I always have done when less unfortunate results followed. Will some reader please suggest a remedy, and oblige,

S. W. G.

PAINLESS REMOVAL OF AN INGROWING TOE-NAIL BY USE OF COCAINE MURIATE.

On the 1st inst. WILLIE C— applied to me to have an ingrowing toe-nail, of four years' growth, removed. Applied muriate of cocaine, four-per-cent. solution (PARKE, DAVIS & CO.'S), by means of a camel's hair brush, for ten minutes, when a removal of the nail was effected without the slightest sensation of pain. I grasped the nail with strong forceps and twisted it off. Ten days after the operation, the wound is completely healed.

A. S. DAVIS, M. D.

FINDLAY, OHIO.

The Medical Age.

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Editorial.

INTERNATIONAL MEDICAL CONGRESS.

The following regulations were unanimously adopted at the meeting of the committee, at New York, on the 3d inst., for the organization and guidance of the Congress:

1. The Congress shall consist of members of the regular profession of medicine, who shall have inscribed their names on the register, and shall have taken out their tickets of admission; and of such other scientific men as the Executive Committee of the Congress may see fit to admit.

2. The dues for members of the Congress shall be ten dollars each, for members residing in the United States.

There shall be no dues for members residing in foreign countries.

Each member of the Congress shall be entitled to receive a copy of the "Transactions" for 1878.

3. The Congress shall be divided as follows, into seventeen Sections:

I. General Medicine.
II. General Surgery.
III. Military and Naval Surgery.
IV. Obstetrics.
V. Gynæcology.
VI. Therapeutics and Materia Medica.
VII. Anatomy.
VIII. Physiology.
IX. Pathology.
X. Diseases of Children.
XI. Ophthalmology.
XII. Otology and Laryngology.
XIII. Dermatology and Syphilis.
XIV. Public and International Hygiene.
XV. Collective Investigation, Nomenclature, Vital Statistics, and Climatology.
XVI. Psychological Medicine and Diseases of the Nervous System.
XVII. Dental and Oral Surgery.

4. The general meetings of the Congress shall be for the transaction of business and for addresses and communications of general scientific interest.

5. Questions and topics that have been agreed upon for discussion in the Sections, shall be introduced by members previously designated by the titular officers of each Section. Members who shall have been appointed to open discussions shall present in advance, statements of the conclusions which they have formed, as a basis for debate.

6. Brief abstracts of papers to be read in the Sections shall be sent to the secretaries of the proper Sections on or before April 30, 1887. These abstracts shall be treated as confidential communications, and shall not be published before the meeting of the Congress.

Papers relating to topics not included in the lists of subjects proposed by the officers of the Sections, may be accepted after April 30, 1887; and any member wishing to introduce a topic not on the regular lists of subjects for discussion, shall give notice of the same to the Secretary-General, at least twenty-one days before the opening of the Congress, and such notices shall be promptly transmitted by the Secretary-General to the presidents of the proper Sections. The titular officers of each Section shall decide as to the acceptance of such proposed communications, and the time for their presentation.

7. All formal addresses, scientific communications, and papers presented, and scientific discussions held at the general meetings of the Congress, shall be given promptly in writing to Secretary-General; and all papers presented and discussions held at the meetings of the Sections, shall be promptly given in writing to the Secretaries of the proper Sections.

No communication shall be received which has already been published, or read before a society

The Executive Committee, after the final adjournment of the Congress, shall direct the editing and the publication of its "Transactions," and shall have full power to publish the papers presented, and the discussions held thereon, either in full, in part, or in abstract, as in the judgment of the Committee may be deemed best.

8. The official languages of the Congress shall be English, French, and German.

In the meetings of the Sections, no member shall be allowed to speak for more than ten minutes, with the exceptions of the readers of papers and those who introduce subjects for discussion, who may each occupy twenty minutes.

9. The rules and programmes shall be published in English, French, and German.

Each paper and address shall be printed in the "Transactions" in the language in which it was presented, and preliminary abstracts of papers and addresses also shall be printed, each in the language in which it is to be delivered.

All discussions shall be printed in English.

10. The President of the Congress, the Secretary-General, the Treasurer, the Chairman of of the Finance Committee, and the presidents of the Sections, shall together constitute an Executive Committee of the Congress, which committee shall direct the business of the Congress, shall authorize all expenditures for the immediate purpose of the Congress, shall supervise and audit the accounts of the Treasurer, and shall fill all vacancies in the offices of the Congress and of the Sections. This Committee shall have power to add to its membership, but the total number of members shall not exceed thirty. A number equal to one-third of the members of the Committee shall constitute a quorum for the transaction of business.

11. The officers of the Congress shall be a president, vice-presidents, a secretary-general, four associate secretaries, one of whom shall be the French secretary, and one of whom shall be the German secretary, a treasurer, and the chairman of the Finance Committee.

12. The officers of each Section shall be a president, vice-presidents, secretaries, and a council.

13. The officers of the Congress and the officers of the Sections, shall be nominated to the Congress at the opening of its first session.

14. The Executive Committee shall, at some convenient time before the meeting of the Congress, prepare a list of foreign vice-presidents of the Congress, and foreign vice-presidents of the Sections, to be nominated to the Congress at the opening of its first session.

15. There shall be standing committee on finance, composed of one representative from each State and territory, the District of Columbia, the Medical Department of the Army, the Medical Department of the Navy, and the Marine Hospital Service.

The Chairman of the Finance Committee shall report to the Executive Committee of the Congress.

Each member of the Finance Committee shall appoint a local finance committee for his State, territory, district, or government department, consisting of one or more members from each government department or congressional district.

Each local finance committee shall report, through its chairman, to the Chairman of the Finance Committee of the Congress.

JAMAICA DOGWOOD AND OTHER NEW REMEDIES ABROAD.

Were we to judge from what appears in the medical journals on the subject of the newer remedies, we should be forced to the conclusion that many of the drugs of more recent introduction had quite disappeared from the physician's armamentarium. We have, indeed, heard it intimated by the "conservative," "I-told-you-so," class, who seek to establish a reputation for steadfastness and reliability by ignoring all things new and reverently clinging to the old, simply because it is old, that the dearth of reference to new remedies in the journals, is the best of evidence that their prophecies regarding them have been fulfilled. Such argument must, however, appear all the more fallacious as it is examined. The same criterion of a drug's popularity applied to opium, or quinine, or any of the other "sheet anchors," would prove them to have fallen almost into desuetude. When a meritorious drug is on trial the evidence bearing on the case is, very naturally, brought out as rapidly as the circumstances will permit. During the period of probation the attention of the profession is centered on it, and each practitioner makes an estimate of its value. After the excitement has subsided, no one thinks of adding any more to the accumulated evidence, unless, indeed, he may have discovered some peculiarity previously unnoticed, or some new field of application not yet invaded. The only reliable criterion of a drug's popularity is, therefore, to be found in the extent of the sales by the manufacturing chemist. Judged by this standard, the popularity of the great majority of the drugs of more recent introduction, is greater than ever before. Such have been the precautions of the introducers, that the attention of the profession has not been prominently called to any drug not possessing intrinsic merit. The result has been that comparatively few of the newer introductions have enjoyed a merely ephemeral popularity. To go to the expense of introducing a worthless drug and of advertising it into a notoriety which must soon prove to have been destitute of the essentials of permanence, would be the height of business folly and shortsightedness. Manufacturers to whom reputation is capital, would, moreover, scarcely be expected to adopt any such suicidal policy.

The interest which the newer drugs has excited in Europe within the past few years is very suggestive, and particularly so when it is remembered that they have been seriously handicapped by the existing prejudice which extends to all things medical of American parentage. We are assured that the sales of the principal new drugs are rapidly increasing at the conservative European medical centres. This popularity is chiefly due to influences somewhat different from those which have obtained in this country. Our practitioners are very practical in their turn of mind, as compared with the more dilettante scientists who mould professional opinion abroad. When a drug achieves a reputation in this country it does so as a result of its more or less empirical

use. In Europe it must first pass through the ordeal of scientific experimentation, its therapeutic application being predicated on the results of physiological testings. Each of these methods has its merits, and the drug which both methods prove valuable, is likely to hold a permanent place in the physician's armamentarium. The number of those which have stood these tests is steadily growing. Cascara sagrada, jaborandi, eucalyptus globulus, coca erythroxylon, yerba santa, berberis aquifolium, and others have their places securely fixed, and, doubtless, the near future will establish many more which are now passthrough their tentative period. The latest which has attracted the notice of European experimentalists is Jamaica dogwood. KOBERT, of Strassburg, publishes in the Pharmaceutische Zeitung, an exhaustive report on this drug, and MESSRS. PARKE, DAVIS & CO., of this city, have placed at his disposal a stock of the crude article and their preparations, for still further trial. The drug is being extensively employed in Germany. It appears that alcoholic preparations of it made in this country are alone reliable, the effect of the transportation of the crude drug being to dissipate its medicinal virtues. It has not been found to be in any considerable degree possessed of anodyne properties, but is valuable for its soporific action. It is being employed, therefore, in insomnia and painless nervous disorders, rather than in painful affections, and within the limits of this field of its application it is, doubtless, destined to become more and more popular as it becomes better understood.

THE RECURRENCE OF LIABILITY TO SMALL-POX AFTER VACCINATION.

Experience has shown that vaccination does not insure permanent protection against variola, and the cautious physician advises his patient to test his susceptibility to vaccine at intervals of a few years, four or five at most. It has, moreover, come to be a pretty generally recognized fact that a single vaccination does not invariably destroy the susceptibility to small-pox, and it is good practice to vaccinate the person again and again, immediately after the crust of the previous vaccination sore has fallen off, as long as the operation succeeds in producing a sore, be it ever so slight.

The manner in which vaccination removes the susceptibility to small-pox, or in which one attack of any eruptive disease removes the susceptibility to a subsequent attack, has never been satisfactorily explained. It "exhausts the soil," but how it does so we do not quite know. DR. WOLFFBERG (Centralblatt für Allgemeinen Gesundtheitspflege—Medical Times) ventures a theory:

PFEIFFER considers that the increase of microbes in the blood was the principal agent in the systemic infection, and necessary to protect the organism. WOLFFBERG, however, regards vaccination as a selective process, which affords protection by eliminating those elements which are too weak to resist the action of the specific poison. The increase of the infective material takes place especially in the rete Malpighii of the epidermis, generally, and in certain of the mucous membranes; and everywhere it causes the specific alterations, which in the case of the vaccinia and variolous efflorescences are substantially identical. Now, the bacterium, in proportion to its intrinsic virulence and the resisting power of the elements of the epidermis to its destructive action, acts directly upon the elements of weaker resistance and they are thrown out. In the resulting reaction of the elements of greater resisting power, the germs are forced into groups, in which they subsequently, more or less completely, undergo degeneration. After the course of the vaccination or inoculation has been completed, it is evident that only those elements remain which were able successfully to resist the virus. This elimination of the cells of feeble resistance proceeds very differently in vaccination, inoculation, and natural small-pox, but the stronger cells and cell-elements always remain; and, since it is through the increase of the latter that the epidermis is restored, immunity is in this way established. The primary susceptibility and immunity, are, therefore, connected with the cells of the rete Malpighii. This principle of selection apparently may also be extended to the other infectious diseases which confer immunity, but it is necessary in each case to determine the earliest localization, and study particularly the primary histological changes.

As regards the establishment of the susceptibility to small-pox, both statistics and experiment point to the conclusion that, as it is the rule after variola and a good vaccination to have the disposition completely extinguished, so it is an exception after variola, but the rule after a poor vaccination, to have the disposition only partially—*i. e.*, in a higher or lower degree—exhausted. In childhood, after the primary vaccination, the susceptibility is gradually restored, so that at fifteen years of age revaccination should be practiced, with even more care than in early childhood.

THE INTERNATIONAL MEDICAL CONGRESS.

The unfortunate complications which have arisen in connection with the coming (?) Congress, still continue to call forth discussion. We fear the late meeting of the committee, at New York, has not been a success in the way of pouring oil on the troubled waters. The sea is still covered with white caps, and there are

indications of a coming swell which will tax the seamanship of those in charge of the Congress. Perhaps our readers have, like ourselves, become satiated with the subject, and have, in their hearts, decided to dismiss the matter as far as possible from their minds. Discussion of it seems useless. The committee is pertinacious with a pertinacity which might have been commendable in some other cause. On no question which has engaged professional attention during the past decade, has there been a greater unanimity on the part of the medical press, than in the disapproval of the course taken by the American Medical Association and its reconstructed committee. Ordinarily, professional sentiment as voiced through the press, is powerful to the correction of error. In the present, instance, however, it is of no avail. The committee has been deaf to the complaints against the action thus far taken. It had an opportunity at New York to bring harmony out of confusion, but it refused to embrace it. Any further criticism of its conduct seems, therefore, to be now useless. We shall, therefore, as far as the AGE is concerned, leave Ephraim to be joined to his idols, unmolested, even at the risk of his interpreting our silence as an evidence of approval of his conduct.

As a parting shot, we take the liberty of reproducing a letter written by PROFESSOR HAUSEN-GRUT, of Copenhagen, who was president of the ophthalmological section of the last Congress, and who took an active part in the organization of the body. The letter is in reply to questions propounded by a New York physician:

"I am sorry you have so much bother about the Congress. The spirit that is at the bottom of the dispute is to me a proof of such exclusiveness as I should not have expected to find in your country. I will answer to your question:

"1. That the controversy about codes was never thought of, as we have nothing resembling your code of ethics.

"2. The invitation was given decidedly for the *whole* of the medical profession; none of us thought of, or even mentioned the American Medical Association.

"4. The *only* qualification required was, that the member be a *legally acknowledged* medical practitioner in his country. *Our* homœopathists who were legally acknowledged practitioners (DR. SIEMSEN-FERISH and others) were actually members, and undisputed members, of our Congress.

"I have sent your letter to PROF. LANGE, who will, no doubt, corroborate my statements. To my knowledge, he has already had similar questions addressed to him from America, and answered them in the same way as I have done.

"The way across is long, the fear of the sea is strong. I do, therefore, believe that it is injurious to the interests of the Congress to have too many restrictions put for admittance."

PROPHYLAXIS OF OPHTHALMIA NEONATORUM.

The Western Medical Reporter gives DR. HORN (Deutsche Med. Zeitung) as authority for the statement that 33 per cent. of the blind in the institutions of Germany and Austria acquire their misfortune through blennorrhœa neonatorum, and DATMAS states that 817 blind out of 1,078, or 69 per cent., examined by him became so from this cause. These are alarming figures and are calculated to direct especial attention to CREDÉ'S method of preventing this destructive affection.

This method consists in immediately cleansing the eyes of the new-born with absorbent cotton and pure water—not that which has been used in washing the infant—and dropping into each one drop of a two-per-cent. (gt. x to ℥ j) solution of nitrate of silver. Only one such application should be made. CREDÉ has found the method to succeed in all but four cases out of 1160 in which he employed it. He holds gonorrhœal virus to be the cause, and the only cause, of the disease, a simple catarrhal discharge from the vagina being innocuous.

Certainly such high authority is entitled to credence, and yet it is well to bear in mind the exception to the rule. There are those who regard it as a dangerous thing to instill such a powerful irritant into the infant's eye. A case which recently occurred in our own practice, and the only one in which we have tried the method, proved an exception to the rule of prophylaxis. We treated a man for gonorrhœa six weeks before the birth of the child with which his wife was pregnant, and at the time of the birth he was laid up with epididymitis. The mother complained of none of the symptoms of vaginitis, and as the husband was emphatic in his declaration that he had been true to his marriage vow, the affection was regarded as due to a non-specific discharge from the vagina. If there ever was a case which justified a resort to CREDÉ'S method of prophylaxis this was one, and we adopted it. On the third day, however, the symptoms of what developed into a very virulent case of ophthalmia neonatorum, presented themselves, and in spite of the most approved treatment, conducted under the directions of a competent ophthalmologist, of this city, a diphtheritic membrane appeared in the right eye, which was affected subsequently to the left, and destruction of the eye followed. The case does not, necessarily, prove that the silver had anything to do with the causation of the diphtheritic membrane, but it does prove that CREDÉ'S method is not invariably successful, even in preventing this grave complication of ophthalmia neonatorum.

VEGETARIANISM.

DR. B. W. RICHARDSON gives his views as follows regarding the question of vegetarianism: "We have not to consider how to avoid living on such a purely animal and natural food as milk, for example; we are not to consider how to learn to live on vegetables which contain more water than the 75 per cent. of water which is present in legs of mutton and in other similar animal foods. But we really ought to consider the question of utilizing on a large scale, all vegetables which, in nutrient value, stand above animal products. We have also to learn, as a first truth, that the oftener we go to the vegetable world for our food the oftener we also go to the first, and, therefore, the cheapest source of supply. The commonly accepted notion that when we eat animal flesh we are eating food at its prime source cannot be too speedily dissipated or too speedily replaced by the knowledge that there is no primitive form of food—albuminous, starchy, osseous—in the animal world itself, and that all the processes of catching an inferior animal, of breeding it, rearing it, killing it, dressing it, and selling it, means no more and no less than entirely additional expenditure throughout for bringing into what we have been taught to consider an acceptable form of food, the veritable food which the animal itself found, without any such preparation, in the vegetable world. With the light of these natural facts filling the national mind, the tendency of all advanced scholars in thrift should unquestionably be to find out plans for feeding all the community, as far as possible, direct from the lap of earth; to endeavor to discover how the fruits of the earth may be immediately utilized as food; and to impress science into our service, so that she, in her laboratories, may prepare the choicest viands, minus the necessity of making a lower animal the living laboratory for the sake of what is just a little higher than cannibal propensities."

MENTHOL AS A SUBSTITUTE FOR COCAINE MURIATE.

DR. ALBERT ROSENBERG, of Berlin, reports in the Berliner Klinische Wochenschrift of July 13th, on menthol as a substitute for cocaine for the purpose of causing local anæsthesia in the nose and pharynx, giving his experience in a large number of cases. He comes to the following conclusions with reference to the importance of menthol for the purposes indicated: He states that he does not at all intend to claim that menthol is of equal importance to cocaine, were he even not to consider the more limited applicability of the former, but that it may replace cocaine in some respects, as, for instance, 1st, In probatory painting of the nose, that is, painting of the mucous membrane for the purpose of ascertaining whether, in certain cases, a neurosis exists dependent on the mucous membrane. For operative purposes the decrease of sensibility is not sufficient to remove the pain of an operation. The sensibility is, however, considerably diminished and the reflex irritability reduced. 2d, Menthol may take the place of cocaine in painting of the pharynx, both for probatory and for operative purposes, but especially for the purpose of facilitating laryngoscopic examinations. 3d, For painting of the larynx it is without essential importance, though it decreases here also the sensibility and causes the feeling of freer breathing.

[TRANSLATION FROM THE WIENER MEDICINISCHE PRESSE, OF AUGUST 9, 1885.]

THE DIFFERENT COCAINE PREPARATIONS AND THEIR EFFICACY.

It is hardly a year since DR. FREUD called the attention of the medical world to the properties of the coca plant, that "Godly plant" of the Indians, "which appeases the hunger of the hungry, which strengthens the weak, and makes them forget their misery," and yet the coca plant and the alkaloid derived from its leaves, the cocaine, and especially the latter, have obtained a position in therapeutics, especially in oculistic practice, and after a triumphal march through Europe, which is unprecedented, a position which boldly may be placed side by side with that of morphine, quinine, and similar excellent preparations. It is almost inconceivable that the coca plant, the properties of which were known for several centuries to the Bolivians, Peruvians, etc., should have remained unnoticed so long, though travelers have reported so frequently about the wonderful actions of this drug, and though more than 20 years ago LOSSEN and NIEMANN prepared the alkaloid of cocaine from the coca leaves, which our excellent Consul, DR. SCHERZER, brought to Vienna in 1859, from the expedition of the Austrian frigate "Novara," and which he had sent to PROF. WOHLER for examination. We can find some explanation of this fact if we take into consideration that the dry coca leaves, which alone can be placed upon the European market, suffer greatly with the process of drying and through storage, the active cocaine apparently suffering from decomposition in such a manner that the old coca leaves—which fact E. MERCK has also stated—furnish almost no yield of cocaine. If from this fact we derive the explanation, that the coca leaves may disappoint us with reference to alkaloidal strengths, on the other hand, the neglect of the cocaine itself may also be more easily explained, when we take into consideration, that besides the un-

doubtedly active preparations of MERCK and GEHE several qualities of cocaine are thrown upon the market, which have scarcely any value whatever; and that cocaine, besides, is comparatively readily decomposed, being in solutions and on being warmed split easily into methyl-alcohol, benzoic acid, and ecgonin. It is reported that cocaine is decomposed in acid solutions as well as that it suffers decomposition through potassium carbonate under formation of potassium benzoate. Under these circumstances it is apparent that a preparation of cocaine could possess only full activity if prepared with extraordinary care, while actually preparations have entered the market which contain scarcely any cocaine whatever, as they were entirely ineffective*

All these facts prove that considerable obstacles, even to-day, affect the introduction of this valuable remedy. We must add to this the high price and lately the entire absence of supplies of the two preparations above referred to, with which the excellent results of Dr. FREUD, DR. KOLLER, and DR. KONIGSTEIN had been obtained, namely, the preparations of MERCK and GEHE. The total absence of supplies of the crude material of any way acceptable quality, forced these manufacturers to interrupt the manufacture of this preparation.

Under such circumstances it readily suggested itself to direct our attention towards America, where the coca plant is indigenous, and where, therefore, for the manufacture of cocaine the crude material could easily be obtained and in a fresh condition.

The very important factory of pharmaceutical products in America, the firm of PARKE, DAVIS & CO., at Detroit, which deserves so much credit for the introduction of many new drugs and other preparations, prepares a cocaine, which in its efficacy appears not only equal in value to MERCK'S preparation, but which has the advantage over the latter that it is more easily soluble, and perfectly white—having none of the yellowish tinge of MERCK'S preparation. These properties both point towards greater purity of P., D. & CO.'S preparation; it is also perfectly free from hygrin and possesses an aromatic odor.

Numerous observers of America and Europe have convinced themselves of the efficacy of P., D. & CO.'S preparation. Among others, here in Vienna, DR. BEREGSZASZY, at the Polyclinic, and PROF. SCHNITZLER have experimented with the cocaine of PARKE, DAVIS & CO., which experiments were satisfactory in every respect. DR. BERGESZASZY has used the hydrochlorate of cocaine manufactured on a large scale by this firm in proper rhinological and laryngological cases, in order to try its effect in general, and to compare the action of this preparation with the well-known action of other European products, and he found that the effect compares very favorably. DR. BEREGSZASZY used solutions of two-, five-, ten-, and 20-per-cent. concentration. For anæsthetization of the larynx he took solutions of from ten-, to 20-per-cent.; while for angiospastic purposes a solution of from two- to five-per-cent. answered the purposes completely. DR. FREUD, also the rediscoverer of the coca plant, has made experiments with P., D. & CO.'S cocaine, about which he states as follows: "I have examined PARKE, DAVIS & CO.'S preparation of cocainum muriaticum as it appears in commerce, touching its physiological action and its therapeutic value, and I can state that it will fully do what MERCK'S preparation of the same name does. Being taken internally the former preparation produced a characteristic feeling of well-being and an increase of force, as can be proved with the dynamometer. Applied topically in 2-per-cent. solution it anæsthetizes the conjunctiva as quickly and as completely. Finally, used hypodermically, it causes, in animals, the same cramps and phenomena of paralysis. Only in the taste, I believe I have several times observed a slight difference between the two preparations.

To these satisfactory results it may be added that the cocaine of PARKE, DAVIS & CO., which, in consequence of the greater yield of the coca leaves treated in the country of their habitat, and in consequence of the smaller cost of transportation of the ready-made alkaloid, as compared with the cost of transportation of the leaves, can be procured considerably cheaper than the European product, and, therefore, PARKE, DAVIS & CO.'S cocaine has a great future before it.

To briefly recapitulate the indications which DR. FREUD has for the use of coca:

(*a*) As a stimulant.

(*b*) In disturbance of digestion in the stomach.

(*c*) In cachexias.

(*d*) In the treatment of the morphine and alcohol habits.

(*e*) In asthma.

(*f*) As an aphrodisiac.

(*g*) As a local application.

This latter application, the local anæsthesia, by means of cocaine, was a circumstance which became especially decisive in the reputation of cocaine. DR. FREUD'S words: "Applications which reside in the anæsthetic properties of cocaine, will, no doubt, be further increased," are not only true, but have in an unanticipated manner been excelled, as cocaine, in an immeasurable number of the most different cases, has been successfully used for local anæsthesia.

* We have taken occasion (see MEDICAL AGE, May 25th, ast) to call attention to frauds of this nature which have been perpetrated in this country. We believe the exposé has been effective to the suppression of one of these, but there are others still on the market.—ED. MED. AGE.

The most phenomenal of those successes was the pain-killing action of cocaine, and that of decreasing secretions in diseased conditions of the eye, which, upon the suggestion of DR. FREUD, were recognized through DR. KŒNIGSTEIN, and, independent of both, by DR. KOLLER. The latter, as is well known, causing, through his communication to the Heidelberg Congress of Ophthalmologists, the general application of cocaine as a local anæsthetic. Soon afterwards, the anæsthetic and analgesic action of cocaine in diseases of the nose, throat, and larynx, was proven. The remedy also was found effective in gynæcology, and, finally, everywhere where a local pain-killing effect was desired, as in different ulcers, burns, etc. Also in small operations of the most manifold kind on all parts of the body, cocaine has rendered excellent service.

The literature of cocaine, therefore, has been, during the last few months, as voluminous as that of any other remedial agent, and much longer and more detailed reports would be required if we were to attempt to enumerate, even only in short, all the many results obtained with the salt. The experiments, however, with cocaine, have by no means been concluded, and through the fact that the firm of PARKE, DAVIS & CO., of Detroit, places upon our market not only a completely reliable, active and pure cocainum purum and cocainum muriaticum in handsome white crystals (at a moderate price), but also stable two- and four-per-cent. solutions, cocainum citricum in four-per-cent. solution, cocainum salicylicum in four-per-cent. solution, and cocainum oleinicum in five-per-cent. solution. Quite a new field has been opened to these experiments, which, undoubtedly, will lead to further important modes of applications of cocaine. The cocainum salicylicum and cocainum citricum (P., D. & Co.), on account of their keeping qualities, will recommend themselves for instillations, either in aqueous solution, or the cocainum oleinicum (P., D. & Co.), for local application is desirable, in which the latter can be used in suppositories, etc.

The cheaper price and the more stable qualities of the cocaine solutions of P., D. & Co. will, perhaps, also lead to more extended use of cocaine in general, its effect consisting in its power to improve general disposition, the bodily and mental faculties, and perseverance, for experiments which DR. FREUD has made under the assistance of DR. HERRIG, which he has made with DR. V. BURQ'S dynamometer (using also EXNER'S neuramoebimeter), have, mathematically, given the certainty of the action of cocaine, because 0.05 to 0.10 grammes of cocaine increase, appreciably, the motor power of the arms, and it would be a pity if this excellent quality of cocaine should remain unnoticed.

[Translation from "Journal de Medecine" of 26th July, 1885.]

EUPHORBIA PILULIFERA IN ASTHMA.

DR. MARSSET publishes a report upon this substance, from which we deduce the following conclusions:

1st. The active principle of euphorbia pilulifera is soluble in water and dilute alcohol, insoluble, or but little soluble in ether, chloroform, bi-sulphide carbon and essence of turpentine.

2d. It has a toxic effect in small doses on animals, which it kills through stopping the respiratory movements and cardiac beats, which are at first increased and later gradually decreased under its influence.

3d. The effects are not cumulative.

4th. It seems to work by direct action on the respiratory and cardiac centres, leaving the other apparatus intact.

5th. It seems to be eliminated through the liver.

6th. Topically applied it is without action upon the skin or mucous membranes, except the mucous membrane of the stomach, which is irritated thereby.

7th. It gives good results in attacks of dyspnœa caused by asthma, emphysema or chronic bronchitis.

8th. It is employed in daily doses corresponding at the most to one gramme of dry plant taken in an abundant aqueous vehicle, preferably before meals.

[Translation from the Deutsche Medicinale Zeitung, August 13th, 1885.]

WINE OF COCA IN FATIGUE.

PALMER (Pharmacal Times, March 7th, 1885,) reports upon experiments with wine of coca as a remedy to increase the muscular power. The subject of the experimentation was a young girl of seventeen years, a professional pedestrienne, who, through poor nourishment, and too much love for alcohol, had been considerably reduced in strength. The effect of the wine of coca upon the muscular system was very marked. After having used a pint of the wine the girl made, in seven days, 350 miles, or about 50 miles on the average per day.

The physiological action of coca has been reported upon by VON AURED, VON BIBRA, MANTEGAZZA, HALLER, FRONMULLER, REISS and others. Newer and very interesting experiments have been made by ASCHENBRANDT, at Würzburg, and their report in the Deutsche Militaeraerzt, Zeitschrift, February number, 1884, is recommended for perusal. The effects reported by ASCHENBRANDT are really very remarkable.

Notes.

An announcement is received from DR. CHAS. A. S. SIMS, secretary, of St. Joseph, Mo., that the American Rhinological Association will hold its third annual meeting at Lexington, Kentucky, on the 6th proximo. A list of the papers which will be read is also furnished, and and it contains many which will, doubtless, be edifying, if we are to judge from the titles and the authors' names. It appears, however, that the rhinologists do not confine themselves to the nose any more than the laryngologists confine themselves to the larynx. These two specialties appear, in fact, to roam all over the respiratory tract as they choose, and the sense of having two associations to contain them, is not very clear. Why not have a single association—the American Rhino-pharyngo-laryngo-broncho-audito-pulmonary Association—to take them all in? Either that, or let each shoemaker stick to his own peculiar style of last.

The Western Med. Reporter, with all respect to the venerable editor of the Journal of the American Medical Association, regards that journal as the only obstacle to an amicable re-arrangement of the committees in the International Medical Congress, and to the resumption of the strictly scientific work, which if undisturbed will make the Congress fully as successful as any of those which have preceded it. Pertinacity, it says, is an excellent quality under exceptional circumstances, but in the present instance, concessions for harmony's sake, would be in much better taste. The time, it holds, is past for a body of men, scientific or otherwise, to attempt to forcibly coerce the opinions of the majority, and experience has taught the profession within a very few years, that the Code question had better be left to take care of itself.

Doctors are sometimes their own barbers, and a hint as to a good way to keep their razors sharp may not be out of place: Mix fine emery intimately with fat and wax until the proper consistency is obtained in the paste, and then rub it well into the leather strop. Prepare the emery by pounding thoroughly in a mortar the coarse kind, throwing it into a large jug of water, and stirring well. Immediately the large particles have sunk, pour off into a shallow plate or basin, and let the water evaporate. Another recipe is, levigated oxide of tin, prepared putty powder 1 ounce, powdered oxalic acid ½ ounce, powdered gum 20 grains; make into a stiff paste with water, and evenly and thinly spread it over the strop. With very little friction this paste gives a fine edge to the razor, and its efficiency is still further increased by moistening it.

DR. J. B. HAMILTON, unable longer to withstand the pressure brought to bear on him from without, has tendered his resignation of the office of Supervising Surgeon of the U. S. Marine Hospital Service. We hope to see his successor appointed by promotion from the surgeons in the service, although we fear the influence of political partisans will result in the appointment of one of the several applicants who have had no connection with the service and no familiarity with its duties. Should our fears be realized, the fact will show that Civil-Service Reform is a delusion. A greater disaster could scarcely befall the service than to make position therein a reward for political "work."

Later reports indicate a possibility that the President will not accept DR. HAMILTON'S resignation.

We are agreeably surprised to learn that the Cremation Society recently founded in this city, through the intelligent effort, chiefly, of DR. HUGO ERICHSEN, gives promise of more immediate results than we had anticipated, in the way of a furnace for incineration of the dead. The society already numbers many prominent citizens, and it is hoped that the prejudice against this method of disposing of mortal remains, will soon be sufficiently removed to render possible a vigorous organization.

The politicians of the to-the-victors-belong-the-spoils class have fixed their vulture eyes on the office of Surgeon-General of the Marine Hospital Service, and PRESIDENT CLEVELAND is being importuned to remove "offensive partisan" DR. J. B. HAMILTON, to make room for some one who is not an offensive partisan, but yet a democrat. It is very strange, indeed, that the President should be thus besought to stultify himself on the Civil-Service Reform question.

BISMARCK'S present physician is said to have ingratiated himself with "the man of iron and blood" at his first interview. The Chancellor was in one of his moods, and refused to answer any questions, telling the physician that he must discover his ailment without assistance. "As you like," retorted the doctor, "but you must send for a veterinary surgeon, as such practitioners treat their patients without asking any questions." The retort happened to strike BISMARCK just right.

An English editor has been struck with some of the answers in the school-children's examination papers in popular science, and gives a few specimens of them. Among them are "the humerus (or upper arm-bone) is known as the 'humerus,' and is often called 'the funny-bone.'" "The sweat-bread is otherwise called the pancras (for pancreas), which is so named

from the Midland Railway Station in London." "A thermometer is an instrument used to let out the heat when it is going to be cold."

DR. EUGENE SMITH, of this city, has our heart-felt sympathy in the recent affliction through which he was bereaved of his wife. MRS. SMITH was a lady of rare qualities of head and heart. A favorite in social circles, and well known for her interest in charitable work and benevolent institutions, her loss will be keenly felt by a large number of friends, as well as by many in the relief of the burden of whose misfortunes she was actively interested.

No preparation containing alcohol should be put in a prescription with chloral hydrate, and especially so when the bromide of potassium or of sodium also enters the prescription. If the solutions are at all concentrated, the chloral will separate as an alcoholate, float on the surface, and thus give rise to a great risk of administering an over dose, unless the bottle is "well shaken before taken."

Antivaccinationists will, we trow, have some difficulty in finding support for their position in events as they are transpiring in Montreal. The small-pox prevailing in that city is almost wholly confined to the French habitans, who are notoriously prejudiced against vaccination. If the epidemic succeeds in removing only those who oppose this means of prophylaxis, it will not have been an unmixed evil.

DR. W. C. DORSETT, of Columbia, Tenn., writes: "You are wrong in your assertion, in MEDICAL AGE of 25th ult., that Tennessee assesses a medical diploma at 50 cents, etc. I have never heard of such a thing here in a practice of 15 years. Please correct this assertion in your excellent little journal. By-the-way, can't you give us a weekly next year?"

The woman who requested her doctor to bring his urethra with him, is now equalled by her sister who asked *her* doctor to bring his cathedral. The doctor in the latter instance resolved to first try his catheter. He found that quite large enough for the emergency.

A gentleman complaining of feeling poorly, decided to consult his physician, and afterwards to get his life insured. At the suggestion of a friend he reversed the order.

DR. RAMOS, of Brazil, declares that the application of cold water to the ear, is sufficient to stop hiccough, due to any cause.

Book Notices.

CLINICAL THERAPEUTICS—LECTURES IN PRACTICAL MEDICINE, delivered in the Hospital St. Antoine, Paris, France. By Professor Dujardin-Beaumetz, Physician to the Cochin Hospital, Member of the Academy of Medicine, and of the Council of Hygiene and Salubrity of the Seine. The Treatment of Nervous Diseases; of General Diseases; and of Fevers. Translated by E. P. Hurd, M. D., Member of the Massachusetts Medical Society; Vice-President of the Essex North Medical Society; one of the physicians to the Anna Jaques Hospital, Newburyport, Mass.
DETROIT, MICH: GEORGE S. DAVIS.

It is somewhat singular that this collection of lectures on the most practical subjects, by the representative progressive physician of France, has been long enough before the profession to have gone through four editions in the original, and through editions in the Spanish, Italian, Greek, and Russian languages, before one English translation of it has appeared. It requires but a very superficial examination of the work to awaken this surprise, and no English reader will fail to feel under obligations to the enterprising publisher, and the able translator, for placing such a valuable treatise within his reach.

DUJARDIN-BEAUMETZ belongs to that class of physicians whose number is steadily increasing, who believe that progress in medicine (therapeutics) is most satisfactory under a system of research which combines the results of the more purely scientific methods, with the observations following methods which are usually held to be empirical. He might properly be classed as an American-Frenchman, in so far as his methods of study and observation go. The results of this combination are distinctly apparent throughout the book before us. Many of the lectures of which the work is composed, had previously been furnished by DR. HURD to various medical journals, and the book will find very ready sale among the readers of such journals. It is eminently practical, containing only so much of theory as is necessary as a foundation for the superstructure of therapeutics.

The book opens with a chapter devoted to a general consideration of clinical therapeutics in which he defines the term as meaning an examination and survey of the effects of the different remedial agents administered to the patient, and a study of their indications. The reader is instructed in not only how to handle medicines, but also how to associate them so as to derive from them their highest good. No study is more practical, and none more necessary. The chapter is composed of short, crisp sentences, which partake of the nature of aphorisms. It should be carefully read and inwardly digested by every practitioner, old as well as young. Its views concerning the method of studying the medicinal properties of a drug,

are peculiarly valuable during these days of the introduction of so many new remedies.

The book proper is divided into three parts. Part I is devoted to chapters, respectively, on the nervous system from a therapeutic standpoint, hydro-therapeutics, medical electricity, neuralgia, hysteria, epilepsy, chorea, meningitis, apoplexy, and chronic myelites. Part II contains chapters on the blood from a therapeutic standpoint, bloodletting, anæmia, acute rheumatism, chronic rheumatism and gout, diabetes, and syphilis. Part III considers fever from a therapeutic standpoint, the treatment of typhoid fever, intermittent fever, and eruptive fevers.

The style of the work is *sui generis*, and DR. HURD has evidently not impaired it in the translation. Few can read the book without being imbued with more comprehensive views touching the treatment of the diseases which it takes up. The publisher has given it to the profession in a style, as regards letter-press and binding, which does credit to western enterprise.

INSOMNIA AND OTHER DISORDERS OF SLEEP. By Henry M. Lyman, A.M., M.D., Professor of Physiology, and of Diseases of the Nervous System, in Rush Medical College; Professor of Theory and Practice of Medicine in the Woman's Medical College; and Physician to the Presbyterian Hospital, Chicago, Ill.
Chicago: W. T. Keener, 96 Washington st.

This is an excellent little book, and very readable. When the necessity of "balmy sleep" as a restorer of tired nature, and the interruptions to its proper and regular enjoyment incident to the artificial habits of modern society, are borne in mind, it is a little remarkable that so little attention has been paid to the disorders of sleep as an etiological factor in disease. The necessity of such a treatise as that before us will be so apparent to those who may read it, as to surprise them that they have not realized it before. Sleep, its nature and cause, insomnia, its causes and treatment, dreams, somnambulism and hypnotism are severally discussed with a clearness and exhaustiveness which leave nothing to be desired. The portion of the book devoted to the remedies for insomnia is especially interesting to the "practical" doctor. Among those remedies paraldehyde comes in for consideration. It is given a high place among the drugs which are useful in insomnia pure and simple, that is not due to pain but dependent on cerebral hyperæmia. Its depressant action on the heart is very slight and it is thus to be preferred to chloral hydrate in cardiac diseases and debility. The sleep which is procured with doses of from fifteen to sixty grains is calm and refreshing, and is not followed by disagreeable consequences. The obstacle to its employment lies chiefly in its pungent taste and smell, and it will require some skill on the part of the apothecary to disguise these. DR. LYMAN gives YVON'S formula his approval:

℞ Paraldehyde, grammes 20.00.
Spirit, grammes 100.00.
Syr. simpl, grammes 75.00.
Tr. vanillæ, grammes 5.00.

An ounce of this mixture contains forty-five grains, and a tablespoonful would be a very full dose. Taken in beer the taste is said to be quite effectually disguised.

The author discusses the question of prophetic dreams and revelation in a manner quite unorthodox, as viewed from the standpoint of current theology, as will, perhaps, be conceded after a reading of the following quotation: "But this preternatural mobility may display itself in other departments besides those of mere sense-perception. The sphere of pure intellect may be thus invaded by ideas springing from impressions which address the reasoning faculties alone, so that in sleep a dream may lead the judgment to decisive conclusions that were scarcely recognized or heeded during the hours of wakefulness. In this way we may learn to understand how the anxieties experienced by the husband of the Virgin Mary may have ripened into a dream of intensity sufficient to guide his subsequent actions. Nothing could be more natural for one, like him, ignorant of physiology and of second causes in general, than the ascription of such an event to the immediate intervention of the Great First Cause—the only cause which he could rationally comprehend. Hence the universal primitive belief that God spake to man in dreams. Upon this belief was laid the foundation of many of the religious convictions which have grown and ripened with the progress of the race, until their shadowy origin has been well-nigh forgotten."

The book as a whole is one which every physician may read with pleasure as well as profit, and, we believe, when its merits are properly advertised it will enjoy an extensive sale.

POISONS, THEIR EFFECTS AND DETECTION. A Manual for the Use of Analytical Chemists and Experts, with an Introductory Essay on the Growth of Modern Toxicology. By Alexander Wynter Blyth, M.R.C.S., F.C.S., etc., Public Analyst for the County of Devon, and Medical Officer of Health and Public Analyst for St. Marylebone. With tables and illustrations. Vol. II.
New York: Wm. Wood & Co.

ON RENAL AND URINAL AFFECTIONS. By W. Howship Dickinson, M.D., Cantab., F.R.C.P., Physician to, and Lecturer on Medicine at St. George's Hospital; Consulting Physician to the Hospital for Sick Children; Corresponding Member of the Academy of Medicine, New York. Miscellaneous Affections of the Kidneys and Urine.
New York: Wm. Wood & Co.

These volumes are the July and August numbers of WOOD'S Library. The second volume of BLYTH on Poisons completes one of the most exhaustive treatises on the subject before the profession. The introductory chapter on the old poison lore takes the reader back to a very early period in the history of the race, and is a most interesting piece of reading. The classification adopted is for the more especial benefit of the practical chemist, although the "natural" grouping of the various poisons has not been neglected. The whole list of poisons animal, vegetable, mineral and cadaveric, has been carefully considered, and each substance studied in detail. The physical and chemical peculiarities of each, their physiological and toxic action, effects on inferior animals, antidotes and treatment, are all given with a fullness not surpassed, and in the case of a number not equalled in any other treatise. The chapters on snake-poisons, ptomaines and poisons developed in food, distinguish this work from others of its kind. Future editions can, however, be made more complete by devoting some space to cheese-poison, a matter which has received the attention of our Michigan State Board of Health, with results which are likely to prove of practical value.

DICKINSON on Renal and Urinary Affections is a treatise of some 350 pages, and is divided into twenty-four chapters, which cover the whole range of the diseases to which the urinary tract is subject. It is profusely illustrated, containing 63 wood-cuts, which are well executed. A detailed notice of the excellencies of the book is impracticable, and we must content ourselves with a reference to the chapter on excess of phosphate of lime in the urine. In no work with which we are familiar is this subject so fully and intellectually discussed, and yet only six pages of space is thus devoted. The importance of this condition is, we believe, very generally overlooked among general practitioners. When the patient suffers from exaggerated nervous irritability, is easily agitated, tremulous and prone to sleeplessness, the urine should be examined for the phosphate of lime, and its presence will enable the physician to prescribe with an intelligence which a non-recognition of the existing abnormality will render impossible. The chapter referred to contains a valuable table showing the amounts of lime and magnesia in the urine in various morbid conditions, especially of the nervous system, and the treatment of the conditions characterized by excess of these is clearly defined. On the whole, the book is a very important one, and is a very valuable volume even in a library so replete with excellent works.

A TREATISE ON EPIDEMIC CHOLERA AND ALLIED DISEASES. —By A. B. Palmer, M. D., LL. D., Professor of Pathology, Practice of Medicine, and Clinical Medicine, in the College of Medicine and Surgery in the University of Michigan; Author of a work on the Science and Practice of Medicine, etc.

Ann Arbor, Mich: Register Publishing House.

An experience during three cholera seasons in Chicago, 1851–4, and a careful study of the literature of the subject, are the qualifications which the author brings to the preparation of this brochure. That he has utilized them to the best advantages is made manifest by a perusal of the result. The several theories of the origin of cholera, including those more recently advanced by KOCH, EMMERICH, and KLEIN (spelled KLINE, by the author) are given, and the writings of other authorities are placed under tribute. The book is very practical in its nature, and is, intentionally, written so as to make it comprehensible to the intelligent layman.

Formulary.

DR. F. J. KEMPF, of Jasper, Indiana, furnishes the Louisville Medical News with a number of his favorite prescriptions, from which we select the following:

LOCAL ANÆSTHETIC FOR GUMS.

If pulling teeth is a part of your professional duties, try the following local anæsthetic:

℞ Po. G. camphor, ʒ j;
Sulphuric ether, f. ʒ vj;
Tr. cannabis indica, f. ʒ ij.
M.

Fasten some absorbent cotton to the point of a soft stick, moisten with the anæsthetic, and rub the gums around the tooth to be pulled.

FOR CHOLERA MORBUS.

In a case of cholera morbus, try this:

℞ Bismuth subnit., ʒ j;
Pepsin, ℈ j;
Oxide zinc, gr. viij;
Morphine, gr. ij;
Cinnamon water, f. ℥ ij.
M.

Give a teaspoonful every hour until the urgent symptoms are relieved, then slacken the dose.

ANTIGALACTAGOGUE.

To stop the flow of milk, try:

℞ Atropine, gr. iv;
Water, f. ℥ iv;
Glycerin, f ℥ ij.
M.

Soak pledgets of lint in the lotion and apply them to the breasts. Constitutional symptoms from the atropine must be watched.

FOR EARACHE.

The following will replace, with interest, the old-fashioned laudanum and sweet oil in earache:

℞ Morphine, gr. ss;
Atropine, gr. ss;
Water, f. ʒ ss;
Glycerine, f. ʒ ss.
M.

Warm it, and drop a few drops into the suffering ear.

FOR RECTAL WORMS.

If you ever get a case of rectal worms, which nothing else will relieve, try this:

℞ Po. Cape aloes, ℥ j;
Barley water, Oj.
M.

Inject half at night and the other half in the morning, after the bowels have been cleansed with a cathartic.

COUGH MIXTURE.

The following is the late PROF. R. O. COWLING'S favorite cough remedy:

R Bromide potassium, ʒ iv;
Cyanide potassium, gr. iv;
Syrup wild cherry, f. ℥ iv.
M.

Give a teaspoonful at a dose.

FOR URTICARIA.

This is a specific for urticaria:

℞ Magnesium sulphate, ℥ j;
Iron sulphate, ʒ j;
Acid sulphuric, dil., f. ʒ ij;
Tr. gentian, f. ℥ j;
Water, f. ℥ viij.
M.

Give a tablespoonful in water every four or five hours.

TONIC FOR CHILDREN:

℞ Quinine sulphate, gr. xj;
Acid, tannic, gr. xx;
Paregoric, f. ℥ ss;
Tr. cinchona, f. ℥ ss:
Sp'ts lavandula comp., f. ʒ iij;
Simple syrup, f. ℥ iv.

M. Dose, a teaspoonful. It is hard to make. Get some good druggist to make it for you.

FOR HEAD LICE:

℞ Corrosive sublimate, gr. ij;
Acetic acid, dil., f. ℥ j.
M.

Medical Progress.

THE SALICYLIC ACID TREATMENT OF THE INTESTINAL CATARRH OF INFANCY.—WILLIAM A. NORTHRIDGE, M.D., publishes a paper on this subject in the New York Medical Journal, Aug. 29, 1885, from which we abstract the following:

During the summers of 1882, 1883, and 1884, while physician resident at the Seaside Home for Children, Coney Island, I became greatly impressed with the value of salicylic acid in the treatment of the inflammations of the intestinal canal, so common among children during "the heated term." I venture this paper with the hope that it will lead many of you to give this remedy a fair trial in this class of diseases. The time is most opportune, as these maladies are now appearing among the little ones; are even now commencing their annual ravages. No efforts should be spared to check them, more fatal, as they are, than any one of the contagious diseases so much feared. The importance of the successful treatment of these diseases is brought chiefly before us when we examine the vital statistics of any large city and note the large increase of deaths among young children from them during the third quarter of the year. The death-rate in this city for one week of July, 1882, was over 52 per 1,000. Of the 603 deaths for the week, 262, or over two-fifths, were from diarrhœal diseases among children under five years of age. Whether the diarrhœa be due to teething, improper food, action of heat on the sympathetic nervous system, or to any or a combination of the conditions as exciting causes, there seems to be very little doubt but that the proximate cause is a pathological condition, probably due to microscopic organisms. I will go no farther into the ætiology of these diseases, but will at once state that in salicylic acid we have a remedy of great value in their treatment; of course aided by proper nursing, dieting, and hygienic surroundings, without which medication would be valueless. I do not wish to detract from the value of opium in these diseases, cautiously and properly administered; but I do wish to protest against the careless routine use of the drug, because of its tendency to aggravate the passive congestion of the brain and the serous effusion into its membranes, which so often occurs and is so fatal. Salicylic acid is absolutely harmless and safe; children bear it very well. It may be administered to a weak infant in comparatively large doses, say one grain and a half every two hours, without danger. The formula used at the sanitarium is in the following proportions:

℞ Acid salicylici, gr. iij.
Cretæ preparatæ, gr. ij.
Syrupi simplicis, ʒ j.
M.

This much at a dose to a child of six months or over, every two hours. As with other remedial agents, the medicine must be supplemented by proper diet, nursing, and, above all, by removal from the disease breeding atmosphere of the city to the pure, fresh air of hills or sea-side whenever possible. The patient will begin to improve after the administration of a few doses, and in twenty-four hours the case generally

will be markedly better. It will be noticed that the passages diminish in frequency, the watery, greenish-yellow stools being replaced by those commencing to have consistency and to assume a more natural color. In severe cases the passages become gradually less frequent. There is rarely a sudden cessation of the diarrhœa. From ten or a dozen movements on the day of beginning treatment, a reduction will be observed on the next day to five or six, with improvement in character. On the following day a further improvement, and so on until one natural passage is obtained.

DR. NORTHRIDGE gives the details of eight cases. Of the eight cases reported, all made a good recovery. The average duration of the disease from the giving of the first dose was two days and three quarters. Improvement was marked after the administration of the first few doses in all save Case 1; and even in this case the diarrhœa was lessened and ultimately cured. The gradual cessation allows time for the clearing out of any of the products of inflammation or fermentation, and the instillation of healthy intestinal action.

Its principal modes of action are two:

1. By its anti-fermentative powers.

2. By the alterative medicinal quality inherent in salicylic acid, the salicylates and salicin in common.

1. By its anti-fermentative powers. KOLBE, STERNBERG, and others have clearly proved that in salicylic acid we have an anti-fermentative fully equal to carbolic acid. DR. STERNBERG says: "A two-to-four-per-cent. solution of salicylic acid will destroy the vitality of germs, while the presence of a one-quarter-to-one-half-per-cent. solution will prevent their development." Although it has not yet been proved, it seems highly probable that the pathological cause of these inflammations occurring during the summer months is a microscopic organism, which, upon the addition of heat, moisture, and improper food, enters into an active fermentative process. Salicylic acid destroys or inhibits this vegetable organism, upon which the activity of the process depends.

But, say some, In the formula which you have read to us, is there salicylic acid there or a salt? I answer, a salt, for the most part; but many particles of free acid are scattered through the mixture. Tested with litmus-paper, it proves neutral, save that the blue litmus is dotted red by particles of free acid. On evaporating and rubbing dry residue on litmus-paper and then wetting the paper, gives an acid reaction. It is the amount of free acid in the mixture which accomplishes the checking of the fermentative process. This it does by its presence at the seat of disease without entering the circulation.

DR. M. WAGNER writes of salicylic acid that "its use is highly promising as a prophylactic in all diseases in which it is believed that the morbid processes are connected with microscopic organisms." He commends its administration in all cases where fermentative changes occur in the alimentary canal, because it may be administered in large doses. DR. STERNBERG writes: "DR. KEATING, of Philadelphia, strongly recommends salicylic acid in the treatment of the acid diarrhœas of children. In this case there can be little doubt that the benefit derived from its use is to be ascribed to its destroying or restraining the vital activity of the living ferment to which the acid fermentation is due."

Its second mode of action is through the blood. We know empirically that in salicylic acid, its salts, and in salicin, we possess medicines which show the containing of an inherent, valuable medicinal quality which we all recognize. We know that they have an alterative effect upon mucous surfaces, and in this fact probably lies an explanation in part of their valuable medicinal action in these diseases While the healthy bowel is enabled to withstand the presence of a combination of disease-breeding elements, its powers of resistance being at par in consequence of good nerve action and muscular tone, the deterioration of these by the action of heat on the nervous system, the local action of heat and the imbibition of improper food, reduce this disease-resisting power until out of lowered healthy action come diseased conditions. Further than this we cannot go in explanation, for we are in ignorance of the exact mode of action: but the fact of its curative powers is known, and that is the main point. DR. S. W. SMITH, in the British Medical Journal for 1834, vol. ii, says: "Willow charcoal (salicin) is of great value in the treatment of diarrhœas." He got the idea from Liverpool sea-captains, who use it. "Eminent medical men" whom he consulted thought "that it was of great value in fermentative diarrhœas."

LAWSON (Heuseman, note, page 773, *supra*) advises the use of salicin in six-to-eight-grain doses, thrice daily, in cases of summer diarrhœa resulting from direct action of heat on the nervous system."

DR. J. B. MATTISON, in the Medical and Surgical Reporter," 1883, advises the use of salicin in cases of diarrhœa resisting other modes of treatment. In all cases where salicin is used, the curative effect is due to its second alterative medicinal action, and not to any germicidal effect. And now, in conclusion, I will state:

1. That in salicylic acid and its derivatives we have most valuable remedies in the treatment of diarrhœas, and especially in those occurring among children during "the heated term."

2. That its remedial powers are due, first, to the anti-fermentative powers of the acid acting locally; second, to an alterative effect through the circulation.

3. That it is an effectual substitute for opium in those cases where the drug is contra-indicated.

SANTONIN IN AMENORRHŒA.—By WALTER WHITEHEAD, F. R. C. S. Eng., F. R. S. Edin., Surgeon to the Manchester Royal Infirmary.—At the risk of being regarded premature, I wish to attract early attention to the therapeutic value of santonin in the treatment of some forms of amenorrhœa, especially when associated with chloro-anæmia.

Some years ago, during my attendance upon a young lady of seventeen, suffering from an obstinate ingrowth of a toe-nail, it was incidentally mentioned that the patient had symptoms suggestive of worms. I prescribed ten-grain doses of santonin to be taken for two consecutive nights, and to be followed each morning by a seidlitz powder. No worms,

however, made their appearance, but a few days afterwards I was casually told that menstruation, which had been in abeyance for several months, had again taken place, and in a much more healthy manner than formerly. The coincidence did not impress me at the time, and I never for a moment supposed that the reappearance of the catamenia had the most remote connection with the two doses of santonin. The subject did not cross my mind again till upwards of twelve months afterwards, when one day, whilst prescribing for a young girl suffering from ozæna, I was forcibly struck with her chloro-anæmic appearance. Influenced by some impulse—"the association of ideas"—I ordered santonin in the same manner and in the same doses as in the previous case, and, much to my surprise I must confess, with the same results. I have frequently since administered santonin in amenorrhœa with almost universal success, and in many cases after the ordinary remedies, including the permanganate of potash, had been tried in vain. I must admit that I have not had an opportunity in any of my cases to investigate the concurrent uterine pathological condition. I have simply given the drug empirically to all patients who have come under my notice suffering from amenorrhœa, with expectant uncertainty. My immediate object is to submit my brief experience to the profession, in the hope that the experience of others may shortly test the potent or valueless influence of the drug in this particular derangement.

One of my cases is, perhaps, worth brief mention, as illustrating in a marked degree the class of cases so frequently brought under professional observation, and one that has received remarkable benefit from the drug. The patient was a young lady sixteen years of age. She was the daughter of an elderly, drunken father, and she had a rheumatic mother. I saw her first when suffering from symptoms which, at the time, were attributed to ulceration of the stomach, fixed pain, anorexia, rejection of food, general physical prostration, and lassitude. She had alarming attacks of prolonged faintness, shortness of breath upon the slightest exertion, and obstinate constipation. Her expression was characteristically that of chloro-anæmia, and she was emaciated to the last degree. Confinement to bed, and nutritive enemata, exclusively used for alimentation for two months, restored the digestive organs to the tolerance of simple food; santonin promptly corrected the menstrual function, and at the same time appeared like magic to restore the patient to robust health. Ever since any omission of the period has been immediately rectified by a single dose of santonin.

In cases of chloro-anæmia, subordinate to amenorrhœa, the drug appears to be of the most signal value, as I have invariably noticed that with the return of menstruation, or a discharge of blood from the vagina equivalent in effect, every symptom has rapidly subsided. The mere discharge of blood immediately following the administration of the drug will not, I suppose, be accepted by some as normal menstruation, but as a fictitious substitute; it must, however, be admitted that the practical value is established, when the discharge, be it vicarious or otherwise, is followed by the amelioration of the chloro-anæmia, which in reality constitutes the pressing ailment we have to contend with, rather than the mere absence of menstruation.

Whether santonin, or any other drug, is in a true sense a genuine emmenagogue, is very doubtful, for if we regard menstruation as coincident with ovulation, and ovulation the periodic rupture of a Graafian follicle, we cannot expect the ovaries to assume this complex physiological process of definite periodic rotation at will; nevertheless, if a single dose of santonin will immediately produce the apparently normal performance of the function, together with other consensual phenomena, when they have been dormant for several months, it is entitled to some further distinction in the Pharmacopœia than that of being simply a vermifuge. It would be necessary to accept a theory that ovulation could at a certain stage be temporarily suspended, and capable of being immediately accelerated under the influence of certain induced conditions, before we could acknowledge the action of santonin as a true emmenagogue.—*Manchester Lancet*, September 5, 1885.

THE INTERNAL AND SUBCUTANEOUS ADMINISTRATION OF KAIRINE ALONE, OR SIMULTANEOUSLY WITH CARBOLIC ENEMATA.—In the Vratch, Nos. 39, 40, 42, and 45, 1885, DR. JAKOV J. TRUSEWICZ details the therapeutic experiments which were undertaken by him in the Cronstadt Marine Hospital in order to study the antipyretic action of kairine, 1, administered internally; 2, injection under the skin; and 3, given internally, simultaneously with the administration of carbolic acid through the rectum.

1. The Internal Administration of kairine was studied in twelve patients with erysipelas (mostly facial). Thirty-three observations were made, in one group of which eight-grain doses of kairine were given to the patients, with the maximal temperature of 39.9° C. In another group, sixteen-grain doses were taken by the patients, with the temperature under 40°C.; and in a third group, the latter doses of the drug were administered to the patients, with the temperature not less than 40° C. The general conclusion drawn by the author from this series of experiments is this: The strongest and most stable antipyretic effect from kairine given internally may be expected in cases of moderate fever (under 40° C.), where the drug is used in not less than sixteen-grain doses. In cases of higher fever and smaller doses, the fall of the temperature is only temporary. Beginning within half an hour after the administration of the drug, and reaching its maximum in two hours, it gives place to a reactionary re-elevation, which ascends to its maximal level in three or four hours after the indigestion, and then again dwindles down. The reactionary re-elevation of the febrile curve (which is often associated with rigors) is, however, less considerable than that which is observed under the treatment of fever by carbolic enemata alone. As far as the author's experience goes, kairine does not give rise to any unpleasant accessory symptoms, such as loss of appetite, nausea, gastric pain, diarrhœa, headache, giddiness, etc., which are occasionally observed on the use of carbolic acid and quinine. He did not see, also, any cumulative action even after a prolonged use of the drug.

2. The hypodermic use of kairine was experimented upon in fourteen patients, eight of whom suffered from erysipelas, and the remaining six from pleuritis, croupous pneumonia, typhilitis, hepatic suppuration, acute pulmonary tuberculosis. This series of observations, forty in number, is again subdivided in three groups, in one of which eight-grain doses of kairine were injected into the patients, with the temperature 38° to 40° C.; in another, sixteen-grain doses were injected into the patients, with a temperature from 39.5° to 40° C.; and in a third, two sixteen-grain doses were injected, with an interval of half an hour, into patients with the temperature over 40° C.

The outcome of these observations is as follows: In cases where the temperature is under 40° C., a hypodermic injection of eight to sixteen grains of kairine does not lower the temperature any more energetically than the internal administration of the same doses of the drug. As to the case of higher fever, an internal dose of sixteen grains of kairine produces the same effect as a double one injected under the skin. Referring to the procedure itself, the author states that the injection of kairine causes but trifling pain, and does not leave any untoward consequences, however, in two of forty cases temporary infiltration of the tissues at the spot of the injection ensued.

[DR. QUEIROLO thinks rather differently, as may be seen from his article on the hypodermic injection of kairine, in the London Medical Record, 1884, March, p. 115.]

3. The Simultaneous Administration of Kairine through the Mouth, and of Carbolic Acid through the Rectum.—Twenty-five observations in ten erysipelas patients were made. In one group the patients, with fever under 40° C., received eight grains internally and two ounces of a four-per-cent. solution of crystalline carbolic acid through the rectum; in another group, comprising the cases with 40° C., sixteen grains of kairine and two ounces of the carbolic solution were used; and in a third group, consisting of the cases with the temperature over 40° C., either eight grains of kairine and two ounces of the carbolic solution, or sixteen grains of kairine and three ounces of the solution, were administered. Analysing the results, DR. TRUSEWICZ emphatically states that the combined administration of kairine and carbolic acid supplies us with a strikingly energetic antipyretic agent of rapid action and stable effect. In the author's case, which presented an average original temperature of 39.4° C., the average fall after the combined use of kairine and phenol was 2.3° C., the maximum 4.4° C. The depression of the febrile temperature reached its maximum in three hours after the administration, the original temperature being not reached even two hours later.—*London Medical Record.*

TREATMENT OF ACUTE RHEUMATISM.—At the meeting of the British Medical Association, DR. PAVY (British Medical Journal), in discussing the treatment of acute rheumatism, said that this was one of those subjects upon which the hospital physician might especially feel himself entitled to speak. He had formed a very strong opinion with regard to the salicylate treatment. His experience now contrasted in the strongest possible manner with his experience before the treatment was introduced. Students of the present day had no opportunity of seeing in the wards the disease run its natural course, with all its urgency and severity of symptoms, as they had formerly, when it might be said there was no treatment known that produced any decided impression upon it. To use the salicylate treatment to effect, the agent must be given largely. The usual plan at Guy's Hospital was to give 20 grains of salicylate of soda every two hours for the first 24, 36, or 48 hours. By this time the pain was generally removed from the joints, and the temperature brought down, and the patient altogether placed in an easy condition. The frequency of the dose might then be reduced to every three hours, and later to every four and six hours. What he considered of the greatest importance was that, notwithstanding the complete subsidence of the disease, the treatment in a case that was severe should be continued for at least 12 or 14 days. He sometimes met with a certain amount of discontent in having this carried out. The patient often could not be brought to understand the necessity of being kept in bed, and upon the milk and farinaceous diet to which he was restricted for at least the time named, and would press for the restrictions imposed to be removed. His experience led him to conclude that the salicylate treatment, in subduing the symptoms as it did, simply controlled the manifestations of the disease, without absolutely removing or eradicating that which gave rise to the manifestations. Time was required for this to subside; and if, during this time, the treatment, or that which kept the condition under control was removed, immediately it manifested itself by a return of the symptoms. This was the view that forced itself upon him from what he had seen. It accounted for many of the relapses that occurred, and explained the necessity of keeping the patient under treatment for a definite time, however speedily the disease might appear to have yielded. The treatment did not influence the complications as it did the disease itself. With the disease subdued at once by this treatment, the complications were not likely to arise as under other circumstances; but, if the patient were admitted with pericarditis or endocarditis, this was not influenced in any marked manner by the treatment. Hyperpyrexia was not controlled by the treatment; if it were, the management of this grave condition would be much more easy than it was. The more acute and general the case of rheumatism, the better he considered it adapted for the salicylate treatment. Indeed, in chronic or subacute cases, or where only one or two joints were attacked, he had not found any decided benefit derived from it. Sometimes the salicylate produced toxic effects, which constituted a barrier to its further administration to the extent required. Directly these toxic effects showed themselves, his plan was to take off the salicylate and administer salicine in a similar dose. This, he found, answered what was wanted. He did not begin with salicine in the first instance, as, rightly or wrongly, he was under the impression that the salicylate was the more powerful anti-rheumatic agent of the two.—*Med. News.*

LACTIC ACID IN LARYNGEAL TUBERCULOSIS.—DR. H. KRAUSE, in following up the experimental application of lactic acid as pointed out

by MOSETIG-MOORHOF, who has found it valuable in the local treatment of fungous caries, lupus vulgaris, superficial epithelioma, and papilloma, has made use of the remedy in the local treatment of laryngeal tuberculosis. The cases which he records had previously been under treatment, and a great variety of agents was used without beneficial result. Among the remedies used were iodoformized glycerin, boric acid, carbolic acid, and creasote either with morphine or cocaine.

The cases in which the pathological condition was treated are fourteen in number, and microscopic examination showed the presence of the bacillus tuberculosis in every instance. The results of the local application of the lactic acid were as follows: Hand-in-hand with the decrease of the infiltration and the scar of the ulcer, a diminution of pain was noticed, and at the same time diminution of the secretion. The subjective result so far as the larynx is concerned is, that in all the patients, without exception, the condition was markedly improved.

Concerning the return and persistence of the cure after cessation of treatment, nothing can be reported on account of the limited time covered by the observations. DR. KRAUS considers, however, that the use of the acid is of certain efficacy in the treatment of this form of tuberculosis, and especially worthy of trial in the light of the failure hitherto experienced in the treatment of this affection of the larynx.

Even in cases in which, owing to far advanced pulmonary tuberculosis, and the general effects of the disease, only a most unfavorable prognosis could be given, the dysphagia accompanying the disease was much diminished by lessening perichondrial œdematous infiltration. The writer further does not hesitate to express a hope that in the least unfavorable cases in which laryngeal tuberculosis has not advanced too far, and the general constitution is well conserved, the use of lactic acid will render it possible to destroy the infiltrated tissue and effect the concurrent cure of the local process. The writer, in conclusion, also suggests the application of lactic acid in other diseases of the mucous membrane of the upper air-passages, among which may be mentioned the diffused swelling and circumscribed thickening accompanying chronic nasal pharyngeal and laryngeal catarrh.—*Berliner klin. Wochenschr.*, July 21, 1885.

SELTZER WATER INJECTIONS IN INTUSSUSCEPTION.—DR. E. D. BRACH reports two cases to the N. O. Med. and Surg. Journal, in which he relieved this painful and fatal accident by injections of seltzer water, the first case a boy aged seven years, the other a child about six weeks old. His method was this:

Having removed the metal part of the suction end of a DAVIDSON syringe, and attached the rubber pipe to the nozzle of a seltzer bottle, I was ready to give an injection of gas and water. Having introduced the pipe into the rectum, holding it firmly in the anus, I proceeded to give an injection by raising the valve of the seltzer bottle, taking care not to suddenly distend the bowels. After letting water pass in, I stopped to let gas evolve from the water. I continued until the child vomited. The abdomen being considerably distended, I let go, and as I did so quite a burst of gas escaped with the water. The patient now rested quietly and easily, and I could no longer detect the lump in his abdomen. I then left my patient, having given directions for the administration of tincture of opium in sufficient quantity to insure quiet, and ordered to be applied over the abdomen a poultice of ground flax-seed. At my morning visit, I found my patient cheerful, free from pain, and refreshed by a good night; the abdomen had assumed a natural appearance; I continued small doses of the tincture of opium; at the evening visit he was doing well; had taken light nourishment; during the succeeding three days, patient did well; nourished well. On the 11th of February the bowels were evacuated. On the same day, the boy was discharged from medical observation.—*Miss. Valley Med. Jour.*, Seytember 18, 1885.

PHOSPHIDE OF ZINC IN DYSMENORRHŒA AND STERILITY.—In MATTHEW DUNCAN'S lectures on Sterility in Women, he places dysmenorrhœa in the list of the best demonstrated sources of, or attendants on, such conditions. But, even if we consider dysmenorrhœa the cause of the sterility, the question of the treatment of the menstrual difficulty does not in many cases admit of ready answer. Certainly, there are cases of dysmenorrhœa which may be rapidly and satisfactorily treated by dilating the cervical canal, this dilatation being by double-bladed dilators, rather than by other means. But there remains a large number of cases that present no indication for this method of treatment, and which, of course, are not benefitted if it be tried. Now, some of these may possibly be cured by the use of phosphide of zinc, as recommended by DECOUX in a recent number of the Gazette des Hôpitaux. Having found this medicine useful in many cases of dysmenorrhœa and of amenorrhœa, DECOUY narrates a case where it twice proved effective in curing sterility associated with the former disorder. In addition to the success of this medicine in dysmenorrhœa, amenorrhœa, and sterility, he has found it remarkably useful in cases of hysteria, ataxia, anæmia and neuralgia. He gives two granules of four milligrammes each, morning and evening. Only the crystallized preparation should be used, as the powder is inert. He states that its preparation is so difficult, that, with a single exception, one scarcely finds in commerce any but an impure product, which is partly or completely ineffective.—*Med. News*, September 5, 1885.

COCA IN ATROPHY OF THE RETINA.—WILLIAM TRACIE, white, aged forty, was for two months under treatment in the eye and ear ward of the Louisville City Hospital, for so-called atrophy of the retina. His sight had uniformly improved under the use of strychnine hypodermically. Beginning with one forty-eighth of a grain, the dose was progressively increased until a twelfth of a grain was given morning and night. Upon the plea of business he was allowed to leave the hospital, with the promise of returning in a few hours. He stayed away for several days, and was finally returned to the hospital with a well-marked delirium tremens, his impairment of vision having increased under the dissipation.

According to my custom in dealing with such cases, he was put on dram doses of the fluid extract of coca, administered every two hours. At the end of twenty-four hours he called attention to a marked improvement in his sight. The drug has been continued, and his sight is improving much faster under its use than it did while he was taking the strychnine.

From the foregoing it would seem that coca is likely to do good service as a substitute for strychnine in the eye diseases arising from the abuse of whisky and tobacco.

It is my hope that the profession may be encouraged by this favorable report, to give the drug further trial in eye troubles characterized by impairment of vision, and especially in that affection which is called by the Germans atrophy of the retina.—EWING MARSHALL, M. D., in *Louisville Med. News.*

INTRA-PARENCHYMATOUS INJECTIONS IN PULMONARY TUBERCULOSIS.—H. TRUC, in the Lyons Méd., May 3, 1885, after a number of preliminary experiments upon dogs, reaches the following conclusions:

1. Intra-parenchymatous injections of alcohol and creasote into the tuberculous lungs at a distance from the hilus, through the first two intercostal spaces, have had no other unfavoraqle effect than to produce pain, not constant, however, and sometimes a slight elevation of temperature.

2. In no case did the inflammation produced by the injection seem to determine caseation, or to have an unfavorable result upon the progress of the tuberculosis, even when made when the lesions were far advanced.

3. The absence of satisfactory results in this last condition induces us to abstain from injections into the lungs in which the lesions are extended.

4. Creasotized injections in some subjects with lesions but little advanced, have been followed by a slight subjective and objective improvement.—*Revue de Sciences Medicales*, July, 1885.

HYDRASTIS FOR SKIN DISEASES.—DR. SHOEMAKER, who is already known as having introduced several valuable remedies for cutaneous disorders, now advocates the use of a fluid extract of hydrastis as a topical application and for internal administration. Its local action is that of an astringent and stimulant. No doubt it acts beneficially in some cases, by forming a protective film against the injurious effects of an irritating atmosphere. It has been tried in many inflammatory affections of the mucous membrane, especially in stomatitis. This liquid extract may be diluted with water, mucilage, oil, or glycerin. The preparation stains the clothes, but a hydrochlorate of hydrastis has been prepared which is said to be free from this objection. The hydrochlorate is an odorless salt, and soluble in water, alcohol, oils and fats. In some forms of eczema an ointment made of from five to twenty grains of hydrastis to the ounce of lard has proved of service.—*London Lancet.*

BERBERIS AQUIFOLIUM.—A recent case of tertiary syphilis has called to mind the virtues of this agent. A clinic was presented before the class in which, in addition to a serpiginous ulcer upon the back near the lower point of the trapezius muscle on the right side, there was a large and deep ulcer in the roof of the mouth involving the bony structure, as exploration with a probe clearly proved. The ulceration had been present for a considerable time, long enough to be considered as a chronic lesion. The following prescription completed a cure in about 15 days:

℞ Fl. ext. berberis aquifolium, ℥ i;
Iodide potassium, ʒ i;
Simple elixir, q. s., ℥ iv.

Sig. Take a teaspoonful before meals and at bed-time.

—*Cal. Med. Journal*, Sept., 1885.

HOT WATER IN THE TREATMENT OF OPEN WOUNDS.—T. R. VARICK, M. D., Jersey City, advocates that upon wound-surfaces water, of a temperature slightly below boiling point, be poured freely and continuously, immediately after the larger vessels have been tied, until all oozing is stopped, the parts are thoroughly glazed, and the red tint of the tissues is slightly deadened. The effect of this practice is to form a protective shield of coagulated albumen, to mitigate shock, and to accelerate healing in a marked degree. Since its adoption, the author has had no death from either primary or secondary shock, nor has he had a single case of septicæmia.—*Annals of Surgery.*

APOMORPHINE AS A LOCAL ANÆSTHETIC.—The Therapeutic Gazette says that DUDWIN and BURGMEISTER, after experimenting with this agent, have come to the following conclusions: 1. Apomorphine renders the conjunctiva and cornea anæsthetic within ten minutes after the instillation of six to 12 drops of a ten-per-cent. solution. 2 It is painful and irritating. 3. It produces moderate mydriasis, and marked nausea. 4. It causes kerosis. If it were possible to obviate these untoward effects, the drug would be likely to receive a direct therapeutic consideration not unlike cocaine. —*Louisville, Med. News.*

SALICYLATES APPLIED EXTERNALLY.—DR. CAGNOLI mentions in the Moniteur Thérapeutique that having as a patient a little boy with rheumatic fever, in whom salicylates produced severe gastric disturbance, he had recourse to compresses saturated with a ten-per-cent. solution of salicylate of soda and covered with oil-skin, bound round the most acutely inflamed joints. The next day the pain and swelling had disappeared from these and the power of motion had returned to them, while the joints which had not been so treated remained exactly in their previous condition. These latter were afterwards relieved in a similar manner.—*London Lancet*, Sept. 5, 1885.

EUCALYPTUS.—A writer in Pacific Medical and Surgical Journal, says of the effects of the fluid extract of eucalyptus globulus, after an

experience of eight months in its use in the Marine Hospital, that he regards it as a diuretic of rare virtue, capable of being administered when other diuretics in common use are inadmissible. It is an aromatic tonic, and has notable restorative effects in low states of the system, as typhoid fever, typhoid diarrhœa, and dysentery. In vesical catarrh its action is very valuable. As an external application in chronic ulcers it has great value.—*N. Y. Med. Times.*

HYDROBROMATE QUININE HYPODERMICALLY.—PROF. BARTHOLOW recommends the following as a non-irritating preparation of quinine for hypodermic use :

℞ Quininæ hydrobromat., gr. xlviij.
Aquæ destillat., f ʒ ss.

M. Dissolve, and by heat if necessary.
Twenty minims contain four grains.

—*Col. and Clin. Record.*

A NEW ANTI-EPILEPTIC AND NERVINE, said by the Spanish and South American medical journals to be of great value, is the fruit of a species of caper, the *capparis corriacea*, a native of Peru. It is used in the shape of an infusion, 3 drams of the powdered fruit infused in good red wine being a dose. It undoubtedly possesses considerable sedative power, and is valuable in hysteria and similar nervous disorders, and is relied upon by native physicians as a powerful agent in preventing epileptic attacks.—*St. Louis Med. and Surg. Journal.*

ANDIRINE, A NEW ANTHELMINTIC.—The active principle of *andira inermis*, a glucoside called andirine, is said by MIDY to be a most certain anthelmintic. A decoction of the bark is also recommended, as a vermifuge, in the Gazette delgi Ospitali. It is made by boiling 30 parts of the bark in 250 parts of water until the decoction has a fine wine color. The dose of this decoction, for an adult, is about 2 ounces (60 grams), taken in the morning, fasting.—*Nat. Druggist.*

HOPEINE.—The liquid alkaloid "lupuline" has till now been regarded as one of the chief active principles in hops. It appears, however, that hopeine may be extracted from hops, the American kind yielding more than either the English or German sort. Hopeine dissolves in alcohol, but slightly in cold water. Its chief physiological effect is a narcotic one. Children are more affected by it than adults. The exhibition of 50 milligrammes of the alkaloid caused severe toxic symptoms.—*London Lancet*, Sept. 5, 1885.

HEBRA'S TREATMENT OF SOFT CHANCRE BY SALICYLIC ACID.—After washing the penis with luke-warm water and soap, and drying it well, the powdered acid is applied to the sore and its edges, and maintained in place by means of a pledget of cotton-wool. The application is renewed after 24 hours, and on the third day simple ointment is used instead of the acid. Twelve hours later the eschar disappears, and in about three days the sore is healed.—*London Medical Record.*

THE USE OF IODINE IN DIPHTHERIA.—ADAMSON (Practitioner) adds his testimony to the efficiency of the iodine treatment. He lost only two patients out of 55 treated with the tincture alone, although some of the cases were very grave. For adults he gives from five to seven minims every hour, and for children between six and 12 years of age from two to three minims every two hours. Special mention is made of syrup of quince for disguising the taste of the drug.—*N. Y. Med. Journal.*

VERATRIN IN PRURITUS.—In pruritis occurring about the time of the menopause, CHERON (Gaz. des Sciences Méd., Sept. 27, 1884; Jour. Cutan. and Vener. Dis., July, 1885) recommends the use of veratrin, internally and externally, giving from 2 to 6 pills daily, each containing $\frac{1}{120}$ grain. Externally he uses an ointment containing from two to three grains of veratrin to the ounce of simple ointment.—*Va. Med. Journal*, August, 1885.

BRUCINE AS A LOCAL ANÆSTHETIC IN OTOLOGY.—At a recent meeting of the American Otological Society, DR. BURNETT, of Philadelphia, said that he had not been as successful in the use of cocaine as an anæsthetic in the ear as he had been led to expect. Brucine in 5-per-cent. solution had, however, been of decided benefit.—*Louisville Med. News.*

HAY FEVER—CAMPHORATED STEAM.—Camphor and steam have been suggested as a cure for hay fever. One drachm (ʒ j) is placed in boiling water, and the steam arising from it is inhaled through a paper cone. Carbolic acid is also spoken of with favor, also quinine in solution. The general health must be looked after, however.—*Analectic.*

BENZOATE OF SODIUM IN ACUTE RHEUMATISM.—NOTHNAGEL is quoted as saying that when salicylate of sodium fails in acute articular rheumatism, the benzoate of sodium will often succeed.—*Louisville Med. News*, Sept. 12, 1885.

EUCALYPTOL IN BRONCHITIS.—PROF. H. C. WOOD writes that eucalyptol in ten minim doses is superior to all other stimulant expectorants in chronic or obstinate sub-acute bronchitis.—*Chicago Med. Times.*

CHRYSOPHANIC ACID IN TINEA VERSICOLOR.—Tinea versicolor, or chloasma, will yield rapidly to a few applications—sometimes one—of chrysophanic acid ointment, one drachm to the ounce.—*St. Louis Med. Jour.*, August, 1885.

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Original Articles.

THE MANAGEMENT OF ABORTIONS.*

BY HELEN F. WARNER, M. D., DETROIT, MICH.

A good deal has been said within the past few years on the proper management of retained placentæ in abortions. A complete revolution has taken place in the teachings and opinions of the majority of the profession on this subject in the last ten or fifteen years, though there are not a few who still hold, in practice, at least, to the old doctrine.

It was formerly supposed that the placenta in an abortion was harmless, and any interference to remove it unwise. BEDFORD, in the edition of his "Principles and Practice of Obstetrics," published in 1868, makes the astonishing statement that "It is a curious and interesting fact, that the retained placenta, in cases of abortion, does not, as at the full period of gestation, undergo decomposition, and, therefore, if it cannot be readily removed, should cause no disquietude."

CAZEAUX, TARNIER'S edition, of 1870, though he recognizes the possibility of putrid poisoning, and narrates a case of his own that ended fatally, still discourages all interference, unless the hæmorrhage is so severe as to immediately endanger the patient's life, and, even then, he thinks the tampon and ergot more likely to be of use than manual or instrumental interference.

NÆGELE and GRENSER, 1865, though acknowledging the danger of retention, and suggesting the use of the polypus forceps, and the curette of PAJOT to remove the remains of the ovum, still think the operation by this means very difficult and uncertain, and prefer the tampon and ergot.

I have not been able to ascertain positively who was the first to urge active interference in these cases, upon the profession.

FEHLING, in a paper published early in 1878, in the "Archiv für Gynækologie," speaks of VEIT as having published in the "Zeitschrift für Geburtshülfe und Frauenkrankheiten," the earliest paper recommending the immediate removal of the secundines in abortion, but does not mention the date. He quotes SPEIGELBERG as recommending an expectant attitude in his work on Obstetrics, edition of 1877. SPEIGELBERG evidently thinks himself misrepresented, for in a foot-note to FEHLING'S article he claims that he advised the removal of the secundines by the currette in the first edition of his work, published in 1876. FEHLING also says that MUNDE, who has, as we all know, written and spoken very warmly on the subject, first obtained his inspiration from an article of BOETIE'S in the Centralblatt für gyn., published in 1877.

ACKER, in a paper read before the Washington Gynecological Society, in 1882, says that SIMPSON (it must have been the younger, as SIR JAMES died before that time) recommended the removal of the secundines by the finger as early as 1876.

To whomsoever belongs the credit of first publishing the more advanced views, the interest in the subject when once aroused, was very wide spread. By 1878 the conversion seems to have been pretty general. In a discussion on the subject in the New York Gynecological Society, in February, 1878, there was but little difference of opinion expressed.

I think it probable that the practice of very many of the profession was long before that time in advance of published views. I notice in a report of a meeting of the New York Obstetrical Society, March, 1876, during a discussion on the wisdom of tamponing the cervix in abortion, DR. HANKS, is represented as saying: "He never tamponed in a case of abortion in his life, having always been able to dilate the uterus and remove the ovum before leaving the house."

Since 1878 a large number of papers have appeared urging the importance of active interference in the retained placenta of abortion. ALLOWAY, MUNDÉ and FARR have papers on the subject in the American Journal of Obstetrics of 1883; HEMMINGWAY, and our respected President in 1884. Among all these I have found but one writer on the opposite side. CLARK, in an article attacking the abuse of intra-uterine injections, says incidentally, that he never troubled himself about the presence of the placenta in the uterus after abortion.

My experience in this matter has been similar to that of DR. HANKS. I have never yet seen the necessity of tamponing the vagina in case of abortion, or met with an ovum which I was unable to remove, and I believe that the

* A paper read before the Detroit Medical and Library Association, September, 1885.

cases where a hemorrhage keeps up after the uterus is entirely emptied, are very rare.

My attention was called to this subject soon after commencing practice, by a case which occurred, not in my own practice, but in that of a professional friend. The patient had been repeatedly tamponed for violent hemorrhage, and was when she came into my friend's care nearly moribund from loss of blood. A placenta which presented at the os was removed. The hemorrhage stopped at once, and the woman rallied from the collapse and lived. It occurred to me at that time that all this might have been saved by an earlier removal of the placenta.

The next case which I saw in which there was a retention of part of the ovum, taught me that hemorrhage is not the only indication for interference. The patient, Mrs. K., had miscarried the year previous, at about two months. Had been taken with violent flooding, while at a summer resort, six weeks afterward. Fortunately, a skilled specialist who was staying at the same place, removed the remains of the ovum and she recovered. When I saw her the ovum could be just felt. She was hardly more than six weeks pregnant. The flow was slight; she had no pain; there seemed no hurry. I gave her ergot, and advised her to remain quietly in bed. The next day, except that she was flowing even less, matters were unchanged. I still waited for nature to do her work. The third day she was not so well; restless, complained of pain in the head and limbs, and there was a slight odor to the discharge. Then I dilated the uterus and removed the ovum, but the mischief had begun. She had a chill that evening, and sharp fever for several days, although she fortunately recovered without more serious results.

Here let me say a word as to the best means of removing the retained placenta. Various instruments have been suggested, principally the curette forceps, the dull and sharp curette, and the polypus forceps.

The ovum most difficult to remove is that from six weeks to two months old. There is at that time no placenta proper, but the membranes, which are very firm, fill after the escape of the tiny fœtus, with a blood clot and hang from the uterine fundus like a large plum attached to the parent stalk by a very thick and tenacious stem. I have found the dull curette powerless to detach this mass, it simply slides off the smooth membranes and brings away nothing but a little blood. The sharp curette will, undoubtedly, if persevered with long enough, empty the uterus; but the process is long, quite painful, and there is great danger of wounding the uterine mucous membrane.

It is something the same with the forceps. The ovum tears out when any traction is made on it, and the forceps only brings it away piecemeal.

The finger is the best instrument, and commonly when the attachment is not very firm, will succeed in bringing everything away alone; but often the attachment is too strong to be peeled off, and it has to be cut through. The finger-nail will accomplish this if only there is something firm to make pressure against. The way in which I have succeeded best is to dilate with the finger, push the finger up to the fundus, not dragging the uterus down by a tenaculum. Even slight traction on the neck reduces its caliber greatly, but crowding it down by the hand on the abdomen and then passing up a small dull curette seize the ovum between the two at the point of its attachment to the uterine wall, sever the attachment and extract the ovum. We have in this maneuver a forceps of which one blade is sentient and intelligent. The patient suffers very little pain, and the whole affair is very quickly over. I have never been obliged to use ether. The only cases in which there is any difficulty is where the attachment is far up in one horn of the uterus. I remember one case in which it was impossible to reach the point of attachment, it seemed as if it must be in the fallopian tube; but in that case the leaving behind of a small portion of the stem did no harm.

If there is any one with you, a nurse or friend of the patient, you can call upon her to make pressure on the abdomen and so steady the uterus and keep it down where you want it. If you are alone, three hands would be very convenient in this maneuver, still you can steady the uterus suficiently by the finger inside it to slip in the curette.

Some one has objected to the use of the finger in such cases because:

1st. That it ought to be at least six inches long to be effiectual.

2d. That it gives the woman great pain.

If the uterus were a straight inflexible tube firmly fixed in its position, most fingers would not reach the fundus without inserting the whole hand in the vagina, a proceeding that would give the majority of women considerable pain. But it is instead a muscular bag very loosely hung, quite elastic and thus easily altered in shape and position by outside or inside pressure.

As to the pain caused, this depends something on the hand of the accoucheur, and certainly, the finger of even a slender hand is somewhat wider than the closed blades of a small polypus- or curette-forceps, but it is also softer, more intelligent, and only has to be introduced but once or twice. It is not my experience that it gives much pain. Where a woman is suffering active pain from the uterine contractions, she does not, as a rule, complain of the manipulation at all, but where the miscarriage

has not been attended by pain, she will complain, more or less.

I am inclined, then, to think that when the os is fairly dilated or dilatable, it is quite as well to remove the ovum at once, whether it has escaped or not, even if there are no pressing indications for interference. I make no pretense of originality in this view. FEHLING, whose paper has already been mentioned, advocates the same opinion, and cites ninety cases in which he had acted on it, with no bad results. The reasons why this course recommends itself to me are, first, that the hæmorrhage may at any time become violent, and second, that decomposition is sometimes astonishingly rapid. I will quote two cases which have recently come under my observation, in illustration of this. In the first the uterus was quite dilatable, but the patient was very nervous, objecting even to the vaginal touch. She was flowing very little, and not suffering very much. The fœtus had not escaped, and I left her and returned the next day. The fœtor was noticeable the instant I entered the room. I then insisted on removing the ovum before I left the house, and fortunately she suffered no bad results.

The second case was one which I saw in the morning, flowing moderately, but with very little pain. The os was tightly closed, and I thought it quite possible that the miscarriage might be prevented. Ordered some camphor and opium pills, and saw her again the next morning, when I removed an abnormally fœtid ovum which was engaged in the os uteri.

I have been puzzled on the other hand to explain to myself why in some cases the placenta retains its vitality, and so resists decomposition so long. A few weeks after the last mentioned case, was one in which, as the patient stated, the fœtus had escaped two weeks before. She had been flowing ever since, and at times violently. When I saw her, she was almost bloodless. The uterus was completely dilated and covered like a loose cap a four months' placenta attached to the fundus. The placenta was perfectly fresh, though the attachment was not very firm.

Again, I remember removing some time ago the remains of a six weeks' ovum which had been carried, according to the patient's account, for three months and a half. She had suffered from exhausting and dangerous hemorrhages; had been repeatedly tamponed, but of course had never been properly examined. There was not the slightest fœtor about the ovum, which was about the size of an English walnut. If one could generalize from two cases, BEDFORD'S statement that the placenta in cases of abortion does not undergo decomposition, would not seem so astonishing.

In conclusion I will just mention a case which has come recently under my observation, and of which the lesson was strongly impressed on my mind. The patient, a delicate woman about forty, had twice missed her menses. She ascribed the irregularity to the approach of the menopause. The flow, menstrual, as she supposed, returned while she was away from home, and she was still flowing slightly when she set out on her return. Violent hemorrhage set in during the journey and she was brought home very much exhausted from loss of blood. The family physician was called in and, as he said, removed as much of the ovum as he could reach—all that was below the internal os. She had a fœtid discharge which stopped in a few days, when fever began. I first saw her two weeks after her return home. The whole right side of the pelvis was occupied by the exudation from cellulitis. A phlegmasia dolens of the same side developed. The cellulitis went on to suppuration; the abscess pointed in the groin, and the last I heard from her she was still discharging. She suffered a most tedious and distressing illness; was for a long time in great danger of her life from the septic poisoning to which the previous hemorrhage had rendered her peculiarly liable, and no one of my hearers will doubt that this might have been averted by a thorough emptying of the uterus in the first instance.

[EDINBURGH MEDICAL JOURNAL.]

NATURE AND TREATMENT OF OZÆNA.

BY DR. LŒWENBERG, PARIS.

Notwithstanding the recent works on ozæna, this disease remains enigmatic, and the results of its treatment remain unsatisfactory. For these reasons I have essayed to search into the nature of the affection, hoping to find indications which will help us to combat, in an effectual manner, a disease so distressing for the patient and his surroundings. Amongst the new resources of our science, two methods especially have appeared to me capable of dissipating the obscurity which still hangs around this disease. These are: 1. Anterior and posterior rhinoscopy. 2. Parasitological researches.

The rhinoscopic examination of the nasal fossæ on the living subject has already given important results in demonstrating to us that true ozæna (or simple ozæna) is characterized—in addition to the stench and the diminution, more or less serious, of the sense of smell—by peculiar and clearly-defined anatomical lesions. These are an extreme thinning of the pituitary membrane, with atrophy of the turbinated bones, especially of the inferior turbinated bone, and a considerable widening of the nasal fossæ. The enlargment of these cavities is such that in looking into the nostrils of those afflicted with ozæna we see a considerable portion of the posterior surface of the nasal pharynx; and when we make the patient perform the act

of deglutition, we then see the curious phenomenon of contraction of the pharynx (Med. Abs. p. 259, 1883). Moreover, in consequence of the diminution of the inferior bone, we even see functional opening of the Eustachian tube, which we do not usually see through the nostril.

Ozæna is not accompanied by ulcerations, as was formerly supposed. On the other hand, the atrophied mucous membrane takes on coat after coat of solid and obstinately adhering crusts, which give off the characteristic fœtor. According to M. ZAUFAL, of Prague, to whom we owe a great part of what we know of ozæna, the enlargement of the nasal fossæ would appear to cause a retardation of the current of expired air, which then becomes incapable of expelling the secreted matter. This remains stagnant, dries up, and forms the crusts in question. Besides the important results which I have just enumerated, and which have been confirmed by several autopsies, it seems to me that there is not, for the present at least, anything further to be expected from rhinoscopic investigations.

The decomposition in ozæna giving rise to an odor quite distinctive, it appears to me probable, *a priori*, that we should not find there the group of common bacteria of ordinary putrefaction, but a special microbe. It was equally improbable that we should meet with a fungus; for, besides the fact that mucedines do not set up decomposition accompanied with putrid emanations, I have found the reaction of the mucus alkaline in 15 patients out of 16; fungi prefer acid media.

The first microscopical researches gave me results which were in conformity with my anticipations, and these have been confirmed in a most convincing manner by subsequent observation. I have always found in the nasal mucus of those affected with ozæna, a special microbe, unique and characteristic. This is a very large coccus, always found, so to speak, in pairs, and these grouped in chains—rarely in clusters. This microbe was always motionless, except in one case where it showed a quick and undulating movement. They are generally elongated, but in different degrees; are sometimes rather spheroidal, sometimes rather elliptical. Sometimes their optical section is almost rectangular, as if they were cylindrical instead of being thin and rounded at the two extremities. In examining them with the highest powers, for example the homogeneous immersion lens $\frac{1}{18}$ of HARTNACK, after having colored them, especially with the violet of gentian, I have sometimes recognized towards their centre a light-colored transverse zone of a whitish hue. I cannot say whether we have here a formation of spores, or, what seems to me more probable, a commencing division. I have always seen this light-colored band at points where no contraction as yet made a future scission probable.

If this microbe resembles in form other cocci, it differs from them in its greater size. Its longitudinal diameter is from $\frac{1}{1000}$ to $\frac{1}{650}$ mm.: rarely have I seen smaller specimens (mesococcus of BILLROTH). It is consequently larger than the megacoccus of WEIGERT, which only measured $\frac{1}{2000}$ mm., and whose large size this author admired. The microbe of ozæna is so large that one sees it like a point under a power of 90 (HARTNACK, oc. 3. obj. 4). The cocci which I have discovered in otorrhœa are, on the contrary, much less voluminous.

As I have indicated above, the microbe of ozæna is always found, so to speak, as a *diplococcus*, and these often coupled together in chains in the direction of their long axis, less frequently in clusters (contrary to the gonococcus, which, according to M. NEISSER, is never found in chains but always in clusters. In one case only I found the cocci connected here and there in the form of zoogloea. I consider the fact of this microbe being almost always found as a diplococcus an indication of active reproductiveness. M. NEISSER having observed the same in his gonococcus, interprets it, on the contrary, as a sign of an extraordinary adherence of the two new individuals to each other.

As to the *method of examination*, there is no special preparation necessary to find this microbe; the first glance thrown on a particle of ozænic mucus generally discovers it in innumerable quantities. I recommend, however, the choice of thin layers, and especially to take the soft mucous filaments which I have always seen stretched between the septum and the turbinated bones. I make preparations in which these filaments, simply spread on the slide and colored with aniline dye, exhibit nothing but an infinite multitude of diplococci, exactly similar to a pure cultivation of the characteristic microbe. It is necessary to reject the dried-up crusts. The aniline dyes give magnificent images, especially fuchsine and gentian violet. My coccus takes on all the aniline dyes which I have had occasion to try, amongst others the methyl green which according to M. NEISSER, does not tinge the gonococcus. Double colorings, first with an aniline dye and afterwards with carmine, may be employed for studying the penetration of the coccus in the interior of the cellular elements, or for examining thick fragments.

In one case only (a puny girl of eight years), I saw besides this characteristic coccus, a great number of bacilli; I have confirmed this by frequently-repeated examinations of this same child. In this case only was the nasal mucus neutral, whilst in all the others it rendered blue the red litmus paper. As to the other symptoms and therapeutic results, this case

resembled all the others I have observed. In other patients affected by ozæna, I have seen here and there bacilli bent like a sickle, the same as comma bacilli or angled forms, which are difficult to interpret and classify. Granted the *rôle* that scrofula is believed to play in the genesis of ozæna, I consider it not unnecessary to mention that not one of the micro-organisms which I have found in the course of my researches on ozæna has given the colorations peculiar to the microbe of tuberculosis. The coccus resembles that of *infectious pneumonia*, and differs only in its greater dimensions. It presents, likewise, morphological analogies to that of meat macerations.

According to my bibliographical researches the first mention of microbes observed in ozæna is due to M. B. FRAENKEL, who, so far back as 1878, said that the mucus secreted in this affection consists, for the greater part, of pus corpuscles plentifully interspersed (*durchsetzt*) with micrococci. Since then, other observers have ascertained that there may be present cocci or bacteria, or both together, but all without studying them in detail or considering them as characteristic of ozæna.

The only writer who has made extensive researches on this point is M. E. FRAENKEL, but the results of his investigations differ essentially from mine. Whilst I have found (apart from the rare exceptions indicated above) only the large cocci, which I consider as characteristic of ozæna, my confrère has regularly met with: 1st, small cocci; 3d, large cocci (comparatively rare); 3d, thin bacilli; 4th, large rods (*bâtonnets*) and, amongst these four groups, *he has especially seen* the first and the fourth, viz.,, *the small cocci and the large rods.* How can the so divergent results of our researches be explained? Quite simply, I think, by the difference between my method of examination and that of M. FRAENKEL. Strange to say, the learned Hamburg physician, to whom we owe otherwise such interesting researches on ozæna, has directed his investigations, not to the masses naturally secreted in this disease, but exclusively to those found on the plugs of wadding which have been placed in the nasal fossæ in accordance with the therapeutic procedure of M. GOTTSTEIN, who advises us to treat patients affected with ozæna exclusively by the introduction of pieces of cotton into the nose. Now, it is evident that my confrère has not dealt with the simple pathological products of ozæna, but with a sort of artificial cultivation of all the microbes or spores present in the nose—a cultivation produced, moreover, not with the natural fluid of the secretion of ozæna, but with the transudation due to the irritation of the pituitary by the tampon, which irritation is admitted by GOTTSTEIN, FRAENKEL, and other writers.

The divergence of the results of a cultivation on the one side, and of the product of the disease itself on the other, becomes apparent when we try to multiply the characteristic microbe of ozæna by sowing the mucus of this disease in the cultivation fluids. For example, I have introduced, whilst taking the necessary precautions, into several flasks containing some of them veal soup, into others dissolved LIEBIG'S extract, with the mucus from ozæna, where even under the highest powers of the microscope the large cocci were apparently the only microbes present. The flasks and the liquids had been sterilized in a laboratory specially designed for bacteriological researches. Contrary to my expectation, the result has always been, not the exclusive multiplication of the large coccus, but the predominance of a crowd of other microbes, resembling slightly those found by M. FRAENKEL, and among which especially the small micrococci were abundant and active. Later, some mould-fungi have floated on some of the LIEBIG'S extract cultivations. Cultivation experiments on sterilized slices of potato have not been more successful.

None of the attempts to cultivate the special coccus in liquids having succeeded, I am experimenting at present with the materials employed by M. KOCH—peptonized gelatin and agar-agar. With the aid of these substances I have, in fact, succeeded in obtaining pure cultivations, containing only the large coccus, by implanting in them fragments of the mucous filaments which are chiefly made up of coccus (see above). In my cultivations the cocci form chains diversely bent; here and there more voluminous individuals are found, in which the spores develop. I am trying at present to inoculate animals with the product of these cultivations, in order to communicate ozæna.

The Pharynx. In all my patients suffering from ozæna, I have noticed the pharynx, nasal and buccal, to be covered with ridges alternating with furrows. The microscopic examination of the mucus of this region has given me results different from those obtained on the pituitary in this sense, that the cocci present were much less frequent and mixed with a great variety of other objects, especially epithelial cells. I found there also, in one case, elements of very striking form, which must be studied subsequently.

The Nature of Ozæna. It will be seen that ozæna is an affection *sui generis*, characterized not only by a peculiar atrophic deformation of the nasal fossæ and a decomposition accompanied by fœtid products, neither of which we meet with in any other disease, but besides by the presence of a special coccus. The presence of the latter alone causes the characteristic odor, which its absence excludes. This is how I look upon the rôle of the coccus in ozæna.—I think that in the normal condition the mucus

fixes all the germs brought in by the air (as glycerin does in some aëroscopes) but does not constitute a fit medium for their multiplication. I can confirm this fact from frequently repeated examinations of normal nasal mucus, where I have never met with microbes abundantly developed. A pathological change is necessary to allow such or such a germ to multiply and to exercise a destructive action. It is thus that in ozæna, perhaps from the effect of a peculiar conformation of the nasal fossæ, or a special modification of the secretion, the coccus brought in by the inspired air may multiply on the Schneiderian membrane. Meeting with favorable conditions, it prospers to the exclusion of all the other microbes; for when several species of these invade a region generally only one amongst them predominates, because it finds the most favorable conditions for development.

I am inclined to think that the coccus of ozæna must come from another nose affected by this malady, and that in general the germs must pass through a pathological medium in order to acquire special pathogenic properties. The coccus then multiplies, stifling all the other germs, and causes the nasal secretion to undergo the characteristic decomposition. To make it understood that special conditions are necessary for it, in order to give it the victory over the other microbes, I have only to remind the reader that when we try to cultivate artificially, in certain media, the ozænic mucus which under the microscope appears alone to contain the cocci, these do not multiply, whilst other germs until then invisible, but, of course, also present before and merely repressed by it, are alone developed, this medium permitting them to predominate over the coccus of ozæna (veal soup, LIEBIG'S extract, and sterilized potato).

The conditions of multiplication of the coccus are found realized in a perfect manner in the nasal fossæ of those affected with ozæna, less so in their pharynx, for I have found the microbe less frequently there, and probably still less in the Eustachian tube. I come to this conclusion on account of the rarity of affections of the middle ear in ozæna, a point to which I shall return. Once established in the nose, the coccus invades the mucous membrane, and also, I think, the bony substratum of the turbinated bones, by producing atrophy of these parts.

General Condition of those Affected with Ozæna. The health of persons affected with ozæna is generally feeble, and I have always observed that they have an unhealthy appearance and pale complexion. I have been specially struck with the pallor of the noses of those affected with ozæna. In my opinion, this weakening of health arises not only from the incessant inhaling of the gaseous products of the ozænic decomposition, but also from the deglutition of its non-gaseous products, among which there are certainly some very injurious. This fact, which I do not remember to have seen mentioned, is to me indubitable, since I have proved the presence of the coccus in the mucosities covering the posterior wall of the pharynx, and which are assuredly swallowed from time to time.

The Contagiousness of Ozæna. I think the coccus must come from an ozænic nose; my hypothesis is closely connected with that of the contagiousness of ozæna admitted by some writers. Thus, M. BOSSOWSKI cites the case of a young girl of 18 years in whom the affection broke out some weeks after cohabitation with a man affected with ozæna. The last case of ozæna which I have seen also concerns a young woman, 20 years of age, an unmarried mother and a wet nurse, who, according to her own statement, only became affected with ozæna some months since. The extremely flat nose of this person presents in the interior all the most confirmed characteristics of ozæna, atrophy of the turbinated bones and of the mucous membrane, adherent crusts, abundant cocci, etc.

If contagion takes place, it is certainly by the microbe, but yet this requires favorable ground for its establishment, a condition which we must allow for the propagation of all contagious or inefctious diseases. Particularly in ozæna does this necessity seem to me to be clearly brought out, because the affection is rare, whilst the occasions for its propagation are innumerable. Thus, for example, we very often see in a large family one child only attacked with ozæna, in spite of the intimate and incessant contact of the children with each other during play, and with their parents, and the promiscuous use of pocket-handkerchiefs usual with children. I have in my practice a family in which, amongst several children of both sexes, two young girls only are affected with ozæna, the youngest in an advanced stage, the eldest apparently slightly. Examination discovered all the symptoms of ozæna, the enlargement of the nasal fossæ, with diminution of the bulk of the turbinated bones, fœtidity, formation of crusts, and, above all, innumerable voluminous diplococci. These two sisters, who much resembled one another, were the only members of the family who had flat noses.

As to contagion in general, it is perhaps necessary, in order that it may take place in this affection (and in others), that the microorganism should have only recently left the medium where it had originated, whilst it will lose its special pathological quality by remaining in media less favorable to its multiplication. In other words, it might be necessary that the coccus should reach a nose still intact,

but disposed to ozæna, shortly after having left the organ which had given it birth, whilst there would be no contagion from a germ which had strayed or remained some time on the way. Perhaps this is also one of the causes of the rarity of the affection.

Symptomatology and Diagnosis. I shall not speak of the crusts, nor of the fœtidity, nor of the signs of atrophy which make confirmed ozæna easily known. I shall only add to the known symptoms the authentication of the coccus by microscopic examination and some phenomena of less importance which I have met with in many cases. There is first a peculiar *nasal twang*, which appears to me due to the resonance of the sounds of the voice in the greatly enlarged nasal cavities. I have already mentioned the filaments of mucosities, which I have seen constantly stretched between the turbinated bones and the septum. I have also frequently observed muco-purulent masses lodged above the middle turbinated bone. These two phenomena, although not exclusively characteristic of ozæna, have nevertheless appeared to me more frequent here than in other nasal affections.

We shall now inquire whether the recognition of the coccus can be of service to us in the diagnosis of ozæna. It will be specially so in recognizing this affection at its commencement and in doubtful cases. I advise looking for it, for this purpose, in all cases of nasal hypertrophic catarrh in children, and to follow the subsequent phases of the malady. I have already been able to utilize the recognition of the microbe in many of the doubtful cases which present themselves frequently enough to the specialist. They are from the first veritable ozænas, but with little fœtidity, and a modified enlargement of the nasal fossæ. In these the microscope confirmed me in the nature of the affection by demonstrating the existence of the characteristic microbe. On the other hand, from the absence of the coccus, I have been able to exclude ozæna in cases of chronic rhino-catarrh with enlargement (certainly congenital) of the cavities of the nose, but without atrophy—an important result which has permitted me to reassure colleagues and families as to the future of the patients. Besides that, I have had occasion to see several cases of doubtful nasal affections in syphilitic cases, or where syphilis was expected. In all these cases I found the coccus, and confirmed the diagnosis of simple ozæna.

The knowledge of this microbe would have been very useful to M. ZAUFAL in obtaining certainty in the following case: A young woman affected with ozæna came, accompanied by her child, to consult him. Finding that the latter had a nose formed exteriorly like that of the mother, M. ZAUFAL examined it, and found that the nasal cavities had already, "so to speak, in germ the same tendency as those of the mother, and that at puberty" (*sic*) the child would certainly have ozæna. (I do not know why the learned specialist of Prague insists upon puberty, for I have very often seen ozæna in little children, amongst others the little girl aged eight years, whose case I have cited, and who has been affected with ozæna for several years.) If M. ZAUFAL had known the coccus, the microscopic examination of the nasal mucus of the child would have shown him the presence or the absence of the microbe, and consequently the existence or the non-existence of ozæna.

Therapeutics. 1. The *nasal douche.* I use it with a solution of bichloride of mercury, one of the best known microbicides; one part of sublimate to 9,000 to 10,000 parts of water, and strengthen the concentration in proportion as it can be borne by the patient. The douche is very easily employed in ozæna, on account of the excessive width of the nasal fossæ peculiar to this affection. I have insisted in several papers upon the utility and harmlessness of this procedure, as also on the manner of employing it, and the necessity of acquainting the patient or the person who takes care of him with the mechanism of this injection before trusting them with its use. I find it useful with many patients to make them sound the vowel â in order to keep the velum palati raised during the douche.

This manipulation, indispensable though it be, does not alone suffice to apply the medicament to the whole interior of the nose, for it does not make the liquid penetrate into the upper parts of the nasal fossæ, unless we employ pressure and give the patient's head an inclination sufficient to make the neighboring cavities (especially the tympanum) run risks out of proportion to the therapeutic result to be obtained. To remedy this inconvenience I add:

2. The *nasal bath*, which is practiced in the following manner: After finishing the douche the patient inclines his head backwards until the nostrils form the highest point of the naso-pharyngeal cavities. Whilst he remains in this position the nose is *gently* filled by introducing the sublimate solution by one nostril until it comes out at the other, the patient meanwhile breathing by the mouth, or saying á (to keep the velum palati raised). We are thus certain that the nasal cavities are completely filled conformably to the law of communicating vessels. By means of these two processes we remove the greater part of the cocci with the mucus containing them, and we vigorously attack the vitality of the remaining, but the action is only transitory. I therefore employ, conjointly with the preceding manipulations, a third process.

3. After the douche and the nasal bath, the

daily treatment terminates with *insufflations of impalpable boric acid powder.* It is necessary to take much care to spread the powder equally upon all the interior of the nasal cavities and the upper pharynx (especially when there exists considerable deviation of the septum), and to reach only these cavities. In order thus to localize the insufflation, whilst it is going on I make the patient pronounce the vowel â that the velum may remain up, and prevent the powder from falling into the larynx. I recommend this method generally for the insufflations of powders into the nasal cavities; it is especially indispensable in the application of more active substances, such as nitrate of silver, the casual penetration of which into the larynx or its deglutition must be absolutely avoided. I do not know if other writers have thought of this precaution, which I consider important. The insufflations of boric acid powders are for the purpose of establishing on the walls of the cavities of the nose and naso-pharynx *a reserve or supply of antiseptic material* dissolving itself in the mucus in proportion as it is secreted. I have chosen *boric acid* because of its harmlessness, and its microbicidal action.

Patients affected by ozæna generally come for advice only when the pathological work is already complete, and a thin mucous membrane covers the atrophied bones. At this stage we can no longer think of attacking energetically the pituitary to modify the secretion or even try to suppress it entirely. But we ought to endeavor to act in this direction at the commencement of the affection; the treatment which I have just explained will, I hope, prevent the advent of the pernicious final period of the disease. It would still be possible at this early stage to act vigorously on the mucous membrane by means of the galvano-cautery. To dare to undertake this energetic treatment it is essential to recognize ozæna at its commencement, impossible until now, but, thanks to the discovery of the coccus, it is now possible.

Let me conclude the therapeutic exposition by giving one piece of advice, commonplace enough, that of making the patient change his pocket-handkerchief frequently, the products of the secretion carrying on the work of decomposition outside the body (as in the shoes of those suffering from fœtid perspiration of the feet). I could cite *apropos* of this the case of a wealthy lady who was obliged to burn her handkerchiefs, as no one would wash them.

Results of Treatment. The future will decide if it is permissible to hope for an entire cure, especially at the commencement of the disease. This I cannot as yet affirm. *However, it has not only attained the suppression of the fœtidity, and by that the possibility of restoring the patient to society, but also a surprising improvement in the general health.*

I mentioned previously what appears to me a pallor characteristic of those affected with ozæna, and their generally unsatisfactory state of health; now, after a certain lapse of time this treatment gives them a fresher complexion and a greater vitality. I think that this amelioration of the general health is due to the patients no longer breathing (nor probably swallowing) the injurious products of the ozænic decomposition.

DETROIT MEDICAL AND LIBRARY ASSOCIATION.

August 17, 1885.

The regular meeting of the Detroit Medical and Library Association was called to order by the President.

Twenty-seven members and one visitor present.

Dr. Carstens exhibited a five months' fœtus within the membranes, the placenta and all being intact.

Dr. Chapoton exhibited an enlarged stomach, and gave the following report of the case:

A man, five years ago, gave history of dyspepsia, and the disease was so diagnosticated by a large number of physicians. When first seen by Dr. Chapoton his appetite was fair; at times his stomach would be dilated with gas. Three days after eating a hearty meal there would be vomiting of the food then taken. The abdomen was enlarged and tympanitic above. Succussion sounds could be plainly heard. The attacks of vomiting prostrated the the patient very much, and during one of these attacks he died.

An autopsy was made. The stomach extended away below the umbilicus. In the duodenum was a nodule which seemed to form an obstruction.

Dr. Maclean exhibited the head of a humerous and gave the following history of the case:

Mr. A., aged 21, while at work, fell into the hold of a vessel, sustaining a dislocation of the arm. This was reduced. Afterwards an abscess formed, having two or three sinuses. A probe passed into them, detected bare bone The shoulder enlarged; pus discharging freely. No sequestrum could be discovered. Albany surgeons advised amputation at the shoulder, but this was refused by the patient. The man came to Dr. Maclean's clinic, at Ann Arbor, for advice, and it was decided to resect the head of the bone. This was done under chloroform, and one inch, including the head of the bone, was removed. The recovery was in every way satisfactory and the results of the operation were excellent.

In the course of some general remarks on the

subject of caries, the doctor held the idiopathic variety to be due to the depravity and enfeeblement of constitution. The prognosis as regards complete recovery, is not good in such cases. The prognosis of caries after operation, where the ulceration is due to traumatism, is, however, usually favorable.

DR. MACLEAN also exhibited a piece of intestine. The man from whom this was removed was a painter, and had often had what is known as painter's colic, and abdominal pain. When the doctor called to see him, he was suffering with all symptoms of obstruction of the bowels, and was too far gone for an operation to relieve him. The family had thought the attack like one of the old ones, so did not seek aid early. Sometimes these cases get well at the eleventh hour, even when no operation is made. Operating when the patient seemed to be dying can scarcely be justified, and the result of DR. M.'s experience is that such operations prove rather disastrous.

On post mortem examination it was found that the obstruction was a little above the sigmoid flexure, and gentle pressure put upon it caused the intestine to rupture. This would have ruptured had the operation for relief been performed. Both above and below the constriction were deposits of inflammatory matter.

DR. MACLEAN reported another case that had been treated under his direction, at Ann Arbor. A boy, 14 years old, had complete obstruction of the bowels, which lasted three weeks. The rectum was everted and only mucus and blood passed. An operation was suggested, but was postponed from day to day for various reasons. Only small hypodermic injections of morphine were given. Slowly gas began to pass, and this was followed by fecal matter, and the boy recovered and is now in good health.

DR. MACLEAN narrated the case of a boy of 8 years, in whom there developed a dreadful and malignant cancerous growth. It appeared 4 or 5 weeks before death, and by the time he died, all the organs of the abdomen were full of cancerous nodules. The doctor exhibited the two kidneys from this boy.

DR. H. O. WALKER differed from DR. MACLEAN by saying that he believed that when a possibility existed for the saving of the life of a patient, it should be done at all hazard. Delay in these cases rarely ever proves successful.

DR. CARSTENS believed in operating early on all such cases.

DR. MACLEAN said that he had, doubtless been misunderstood. He did not mean to say that the abdominal cavity should not be opened to relieve obstructed bowels, but the operator must give reasonable hope that such a procedure will hasten the recovery. Injections and cathartics will often destroy all chances of recovery in intussusception, but quiet and rest, inside and out, will often bring about a speedy cure.

DR. CARSTENS reported a case of diphtheria followed by dysentery. Small doses of the bichloride of mercury were given which relieved the tenesmus and the case made a good recovery.

DR. JENNINGS reported a number of cases of typhoid and malarial fever.

DR. UTTER had seen a a few cases of cholera infantum.

DR. ROBERTSON reported the following case: A girl, aged eight, was brought to his office by her mother, who asked if she were not too young to menstruate. The parent said that the girl had had a flow of blood from the vagina for two or three days. An examination revealed an angioma of the vagina, the size of a hickory nut, and which bled profusely when touched. It was removed by the snare, and the recovery was rapid.

The doctor had recently removed an angioma from the nose by the use of the galvano-cautery.

DR. CHAPOTON reported a case of a man who had had the zygomatic arch fractured by a blow from the shoulder.

DRS. F. D. HIESORDT and F. W. MANN were elected to active membership.

Adjourned.

GEO. DUFFIELD, M.D.
Secretary.

SEPT. 7, 1885.

The meeting was called to order by DR. JAMIESON, who was elected the chairman of the evening.

The minutes of the previous meeting were read and approved.

Thirty-four members and two visitors were present.

DR. MCGRAW exhibited a sample of iodoform, the offensive odor of which was covered with ground coffee.

Some one suggested that coffee would cover other odors besides that of iodoform. The offensive odor was lost and only the coffee could be detected.

DR. TAPPEY exhibited two ovaries, and gave the following history:

These ovaries are from a woman upon whom the doctor performed ovariotomy with complete recovery.

She had long been subject to paroxysms of pain which occurred with no tendency to periodicity, nor were they due to accident or bad hygienic surroundings. The uterus was strongly ante-flexed. She had had a lacerated cervix, but this the doctor had cured by an operation. Straightening the uterus during a paroxysm of pain was the only thing that gave relief.

Half-grain doses of morphine would produce no alteration.

After operation all pain disappeared. The only bad symptom was a large collection of gas in the bowels, but this passed away after the second day.

Dr. Tappey thought the operation to be justified in all cases where pelvic pain due to ovaritis was the cause.

Dr. Carstens urged that a correct diagnosis be first made, for pelvic pain is often due to a circumscribed peritonitis caused by the rupture of vesicles into the abdominal cavity.

Dr. Pratt reported a case in which his patient had suffered from severe attacks of ovarian neuralgia, and would at times be left nearly dead. She had a severe attack last spring, and has been wholly free from them since.

Dr. Bonning exhibited two enlarged and cystic kidneys, and gave the following report:

Mrs. E I., German, 49 years of age, mother of seven children. Had always been healthy. About six years ago she noticed a slight swelling in the right hypogastric region, swelling somewhat painful. Her family-physician, whom she consulted at that time, diagnosticated a tumor in right side, possibly an ovarian tumor. As the tumor produced but little inconvenience, nothing further was done at that time.

About a year ago, Mrs. I., also noticed a hard swelling in her left hypogastric region, which at that time would give her considerable pain. Thinking this swelling to be caused by tumor in right side, she did not seek medical advice.

About four weeks ago, after a day's hard work, patient was taken with severe vomiting, with considerable pain in left tumor. The following day I was called to see her. The pain in side and vomiting still continued, and patient also complained of severe headache. There was no rise of temperature. Palpation of abdomen revealed a tumor in right hypogastric region, and a second, larger tumor, in left hypogastric region. On account of the very severe pain, an examination per vaginam, in order to arrive at the true nature and starting point of the tumor, was abstained from for the present. Under symptomatic treatment patient recovered in about two weeks, so that she was able to do part of her house-work again. During her illness her urine was examined twice. Traces of albumin were found each time, whilst microscopically, no evidence of a diseased state of the kidneys could be discovered. From a vaginal examination, which I made during the latter part of this illness, I was inclined to consider the right tumor an ovarian tumor, whilst the left tumor occurred to me to come from the uterus. I was, however, by no means certain of my diagnosis.

My patient now enjoyed pretty good health for about ten days, when quite suddenly severe vomiting and diarrhœa set in, which the patient thought was caused by eating grapes. The left tumor also became very painful again. The following day the vomiting stopped, but diarrhœa remained, and patient also had much headache. In the afternoon of the following day, patient became comatose, and by next morning all the signs of an uræmic coma were present; pupils highly contracted, respiration only 6 to 8 per minute, and irregular pulse, very frequent, temperature 103° F. in the forenoon. Only with great effort could patient be aroused from this coma for a minute or two. Patient remained in this comatose condition for two days, when death took place.

Post mortem examination: Only the abdominal cavity was allowed to be opened. About two tablespoonfuls of a serous fluid was found in abdomen, but no signs of recent or old peritonitis. The tumors in question proved to be the two very much enlarged and completely cystic degenerated kidneys. Both kidneys were removed with difficulty, as they were firmly adherent to their surroundings. The surface of the liver showed also a few small cysts; spleen, healthy. Whilst the right ovary was found to be atrophied, the left ovary consisted of a cyst of the size of a hen's egg. There were also two or three little cysts on the abdominal end of each fallopian tube. These cysts, which were of the size of a small bean, arose from the fimbriæ.

I may add here, that only a few days previous to her death, patient remarked that during the last few months she had to urinate rather oftener and more freely than formerly.

Dr. McGraw: I think that these specimens are the most interesting, pathologically, we have had exhibited before the Association in years. It is rather strange that the cystic degeneration should be on both sides. I look upon them as tumors and not simple cystic degenerations. They have not the appearance of hydatids.

Dr. Duffield exhibited four slides of mounted insects—to show the nicety of the mounting and the neatness of the slides.

Dr. Pratt exhibited two small stones which had passed through the urethra of a male patient of his. The largest weighed three grains and corresponded to a No. 20 sound.

Dr. J. R. Jones exhibited a heart from one of Dr. Yates' patients, of Roseville, Mich. The doctor said that there had been organic disease of the heart and lungs for years. The right heart contained a large number of vegetations. The valves looked as though they were covered with moss. Some of the vegetations in the right ventricle were half an inch

in length. The left side of the heart was in good condition.

There was an opening between the ventricles, which seemed to be congenital. The foramen ovale was closed. The patient did not die from heart disease alone, but from lung complications. The right lung was completely used up, presenting large cavities, due, no doubt, to thrombi from the heart. Its lower lobe was attached to the diaphragm, and also to the parietes of the chest. A correct diagnosis of the heart disease during life was impossible, owing to the confused sounds. The liver was twice the normal size. The spleen was enlarged and the patient had one floating kidney. There was but one kidney; the kidney on the left side could not be found.

DR. FLINTERMANN had seen the case that DR. JONES reported, before death, and again on the post mortem table, and corroborated all the statements.

DR. CARSTENS reported a case of fibroid of uterus. The tumor gradually worked down until it was in the lower part of the uterus as a polyp. The os uteri could not be dilated. Its posterior lip was cut from before backwards and the tumor removed by the ecraseur.

DR. CARSTENS exhibited a pelvi-meter, which could be used within as well as without the woman.

The doctor also exhibited a pair of TARNIER'S obstetrical forceps.

DR. HELEN F. WARNER then read a paper upon "The Management of Abortions." (See page 433.)

DISCUSSION.

DR. JONES said that the only cases of abortion that gave him trouble were those in which the placenta was left behind.

DR. DEUEL always emptied the uterus, if it was possible, before leaving his patient.

DR. CHITTICK did not believe the placenta should be removed in all cases. The physician should always be governed by his own judgment.

DR. STEVENS advocated the early removal of the placenta.

DR. BONNING said that chloroform could be used with advantage, and prevented the pain that is necessary to remove the placenta.

DR. CARSTENS said that after twenty-four or thirty-six hours the placenta gets looser, the os uteri is contracted and it is impossible to pass the finger into the uterus. A vaginal tampon will act well and hasten the expulsion of the placenta. The doctor did not give ergot, as its action was to contract the fibres of the neck. He preferred giving an opiate. He advised the use of the finger in preference to all other instruments. He advised the use of chloroform, where there is much pain.

DR. FLINTERMANN: The attending physician should first see if the ovum is intact. The hemorrhage may be due to a diseased decidua, and not to the expulsion of a fœtus. A vaginal tampon may be used with advantage and safety, if the placenta be not discharged. In a practice of twenty-one years he had never lost a case after abortion.

DR. TAPPEY had treated a case of chronic dysentery, with cold water injections and alum, grs. iv to ℥ i. Injected four pints four times a day, and a week's treatment greatly benefited the patient.

JOS. SCHULTE, an active, and J. A. WESSINGER, a corresponding member, were duly elected by ballot.

Adjourned.

GEO. DUFFIELD, M.D.,
Secretary.

Correspondence.

THE CARE OF THE NEW-BORN CHILD.

In the AGE, September 25th, "Old Practitioner" came foward to annihilate those who are trying to get a just comprehension of a positive assertion which he makes in his original article, to wit: "The child should have the fullest benefit of the placental connection, and should not be deprived of a drop of the blood which is being pumped into it." In the sentence just prior to this he also says: "The cord should not be cut as long as there is the slightest trace of pulsation." Now, what do these assertions mean? Do they mean anything or nothing?

Surely, they do not mean that the blood is being "pumped" into the child by the action of the uterus upon the placenta. If they mean anything, it is that there is a pulsation going on in the cord, which connects the placenta and the child. And the blood, which is the medium by which this pulsation is caused, is being pumped into the child. We do say there is no pulsation of the placental end of the cord after being severed, and that there is no blood pumped into the child which does not first pass from the child into the placenta before it can in any possible way be pumped into the child. We back these assertions by such authority as BRAXTON HICKS, ERCOLAIN, GOODSIR, SCHROEDER, VANDER KOLK, DR. JOHN REID, and DALTON, and "by allowing free play of the senses" in a very short practice, based upon the physiological demonstration of such men as named above. Howsoever anatomists differ upon the minute structure of the maternal connection, to the placenta, upon one point all are agreed, *i. e.*, there is no connection between the maternal and placental circulation. Oft times the cord may be severed too soon for the well-being of the child, but in all such instances the jeopardy of the child is not due to the want of the

blood "which is being pumped into it," but to the fact that the lungs do not immediately take upon themselves the activity necessary for the oxygenation of the blood, and, therefore, so long as the placental connection is perfect and the process of purifying and maintaining the blood is in the proper condition, the nutrition of the child is continued. So soon as the lungs have properly responded to the demands of nature the cord may be severed, without any fear of the child suffering for the want of the blood "which is being pumped into it."

In paraphrasing such a sentence as first quoted, we would not usually interpret it as meaning that the child was pumping blood into itself, unless, perhaps, it were to protect our own egotism, which, possibly, we had displayed through the columns of the AGE, thereby also showing our ignorance of the fundamental truths, demonstrated by all physiologists, upon which to build our observations. Although we asked our question with all modesty, which he allows, and with no other motive than to get an "Old Practitioner's" experience and knowledge of the way in which the blood, so necessary for the welfare of the child, is being pumped into it, he does not deign to answer it, as one trying to give the benefit of his years of study and experience in *his* chosen subject, to those he rightly names tyroes in the profession should do. A man's sense may be allowed all the latitude necessary for its proper development, and his observing powers grow apace from his experience, but if these senses and powers are developed upon an erroneous conception of the phenomena of life, surely their uses are limited to just what experience may have taught them. It only makes the fact more deplorable, that with all the years of varied experience, observation, and means of study, we should not understand a simple physiological truth, which can be demonstrated by any one with the proper material for experiment.

The *modus operandi* can be found in any work on physiology, or citing one particular author, in DALTON, page 647, chapter xii, fifth edition. If "Old Practitioner," as he implies in his last article, perceives in the same light the placental and maternal construction, as DR. ROSENBERRY and ourselves do, why need he be so particular about tying the cord which remains attached to the placenta? What harm can result from allowing the blood which incidentally remains in the placenta, to flow freely, if there is no maternal communication in the circulation? We have done both ways—tied and not tied the placental end of the cord—and have failed to see any benefit from throwing a ligature around this part of the cord; also have never seen any hæmorrhage result from not doing this.

The only possible harm which might occur is in emptying the placenta of this blood, and thus diminishing its size, thereby partially withdrawing the stimulus which its presence gives to the uterus, allowing this organ to relax, and thus conducing to hæmorrhage. Surely, this need give us no uneasiness, as such a tendency can readily be obviated by external manipulation, thus giving the proper stimulus to the uterus, causing it to contract.

BEGINNER.

In the AGE, of September 10th, exceptions seem to be taken by two of your correspondents to the statement of "An Old Practitioner," that blood is *pumped* into the body of a new-born child from the placenta. In reading the article of the "Old Practitioner," I for one did not infer with DR. ROSENBERRY, that the writer meant "the mother is pumping blood into the child." DR. R. appears to forget the existence of any other kind of pump than the force-pump. While he grants the impropriety of immediately tying the cord, he neglects to favor us with his reason therefor. Now, when at birth the capacity of the child's circulatory apparatus is so largely increased by the opening up of the pulmonary system, it requires no scientific reasoning to demonstrate that the hydrostatic balance previously existing between the fœtal and placental blood (I refer, of course, to the fœtal part of the placenta) would be at once disturbed, and a determination of blood would ensue from the placenta to the child, by a force, the nature of which is apparently the same as that underlying the working of a suction pump.

B. M. R.

NEW ULM, Minn.

ABSCESSES FOLLOWING HYPODERMIC INJECTIONS.

I was struck by the experience of "S. W. G.," in the last issue of the AGE, in unpleasant results following hypodermic injections of morphine. I had identical results for four weeks prior to December 1, 1884, and I attributed it, in part at least, at not being able to effect a complete solution of morphine. If S. W. G. will place a drop of aqueous solution of morphine under a magnifying lens of low power, he will see innumerable minute crystals of morphine floating about. If to this solution he now adds an equal quantity of solution sodii sulphas, the crystals will disappear. Taking a hint from this, I began the exclusive use of the compressed hypodermic tablets of morphine with sodii sulph. and without atropiæ sulph. To make assurance doubly sure, I also provided myself with one of JNO. REYNDER'S patent bottles, in which to effect the solution of the morphine. Since then I have given nearly or quite 1000 hypodermic injections, without a single abscess following. In a case of malignant rectal disease, I gave one injection every day for several months and many days two or more, and all have been given between the shoulder and elbow, and even a sensitive spot of 24 hours' duration has never followed any of them. I also prefer warm water to make the solution. The patent bottle spoken of has a screw top, and after the dose is dissolved a plug can be unscrewed and the bottle screwed into the syringe and the contents drawn into the syringe. Thus it will be seen to be very convenient.

J. W. MCCAUSLAND, M. D.

FT. WAYNE, IND.

The Medical Age.

A SEMI-MONTHLY REVIEW OF MEDICINE.

JOHN J. MULHERON, M. D., Editor.

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Editorial.

SMALL-POX IN MONTREAL.

The most serious epidemic of small-pox within circumscribed limits, which has occurred on this continent for many years is now raging in Montreal, Canada. That city and its suburbs have at the present time, according to the most reliable reports, upwards of three thousand cases of this loathsome disease, and a daily mortality therefrom of from forty to sixty cases. The epidemic has attained its present dimensions as a result of an ignorance and fanaticism which are a reproach to nineteenth century civilization. It is scarcely conceivable that such prejudice could exist within the limits of an enlightened commonwealth. It has long been known that the French habitans of Montreal were opposed to vaccination, and that, in consequence, the unfortunate city is never wholly free from small-pox. The authorities have winked at the prejudice of these ignorant people, and by thus encouraging them have been nursing a condition of affairs which, in the very nature of things, was destined to arouse them to a sense of reason and duty. The lesson which was for a time delayed is now pressing itself home upon them with a vengeance. It is the old story of the inevitable fruits of sin. Things are so constituted in this world that every violation of what is right has attached to it a penalty. Men may by their astuteness postpone the evil day, but they can only postpone it. To do wrong and escape the penalty is an impossible contradiction. Whatsoever men sow that they will reap, and the fact is no more clearly apparent than it is in sanitary matters. The calamity which has befallen Montreal will not have been an unmixed evil, if it shall succeed in arousing sanitary authorities elsewhere to an appreciation of the great lesson which it teaches.

The authorities of Michigan are alive to the danger which threatens this state from the infected district, and the points of entrance of Canadian railroads are being vigilantly guarded by physicians appointed by the State Board of Health. The Ontario Board of Health is coöperating in a praiseworthy manner and has appointed inspectors at Montreal, whose duty it is to prevent, in so far as it is possible, any passengers who might carry with them the infection, from boarding the trains. Doubtless these precautions will very materially restrict the disease to its present limits, although in spite of them a number of cases have escaped to other Canadian and a few Eastern American cities. It is hoped that vaccination and revaccination will be freely resorted to immediately, in all frontier towns particularly, and in places on the line of travel from the infected districts. There is no other guarantee against the spread of the disease, and properly attended to, this, unquestionably, secures immunity.

LAWSON TAIT *VERSUS* HORATIO BIGELOW.

Some men unite with a decided *penchant* for polemics a peculiar faculty of putting their foot in it when they appear in their favorite *role*. DR. BIGELOW, of Washington, seems to be one of these. Two or three years ago, it may be remembered, he achieved more notoriety than fame through a rabid attack made on a certain firm prominent, among other things, for its enterprise in the matter of the introduction of new remedies. The outcome of the fight which he thus precipitated should, one would have thought, have deterred him from any subsequent resort to his peculiar style of attack. That it did not seems, however, apparent from the following, which we clip from the British Medical Journal of the 19th ult.:

"Sir,—Some time ago, DR. HORATIO R. BIGELOW published a long and inconclusive article, in which he showed me conclusively that he had an aptitude for misinterpreting the views of other people, and no very great power of expressing his own. In the short article which you published, he misrepresented me entirely in three different instances, and he puts in my mouth words and phrases which I not only never use, but to which I very strongly object. His paper is full of sentences which begin with such phrases, "I cannot see," "I cannot explain," "I cannot understand," and so on. Therefore, I have only to say that I regret very much that I cannot possibly take up your valuable space by reiterating the arguments I used in my paper, or in a further explanation of the views therein contained. I can supply the facts and arguments, but I cannot supply the intelligence necessary to understand them.

DR. BIGELOW seems to be enamoured of German surgery, but we have witnesses quite as trustworthy as he is who put another aspect on the matter altogether. I have before me a letter from an American surgeon, upon whose

verdict I can put much more reliance than I can upon Dr. Bigelow's, who has written to the effect that, after a prolonged tour amongst German gynæcologists, all that he has learned is how not to do it. When Dr. Martin and Dr. Schroeder see their way to publish a consecutive and complete list of all their cases, and full authentication of the results given, as is the fashion in England, then we shall see our way much more easily to pass a judgement upon their work. They will, doubtless, also discuss the question themselves, and not leave it to one who evidently has only a pen and paper knowledge of it —I am, sir, yours, etc.,

Lawson Tait, Birmingham."

Translations.

NEW REMEDIES.*

A flood of new remedies has followed the nihilistic tendency of the last ten years—a sign that a considerably greater importance is attached to pharmacy than in earlier years. The establishment of numerous pharmacological institutes has considerably increased our knowledge of the action of many remedies, and has renewed the interest in materia medica. We, however, also begin to recognize that in this respect our knowledge is very superficial, and that even remedies that are in daily use, and that are empirically approved of, are not prescribed according to a satisfactory theory of their action. What we can say in this respect about remedies that have long been introduced, must, of course, be more applicable to the large number of new remedies, many of which are scarcely known with reference to their medicinal action, and, much less, of course, with reference to their chemical and pharmacodynamic constitution.

In the efforts to introduce new drugs, we distinguish two fields of work. One of these yields us new chemical products, or experiments with combinations which have been known chemically for a long time, but which have, so far, not been used therapeutically, as, for instance, kairine, antipyrine, and innumerable benzol derivates, and especially, also, combinations of alcohol, as acetol, paraldehyde, etc. The other has given us new substances from the floral kingdom, and especially from regions which lately have been opened to commerce. Especially active in this respect are the Americans, and, above all, the firm of manufacturing pharmacists, Messrs. Parke, Davis & Co., Detroit, Mich., who devote a great deal of attention to the introduction and recommendation of new drugs, and who, as well through their publications as through their methods of making preparations well adapted for use, with special reference to fluid extracts of highly concentrated tinctures, make propaganda for for their products. Of the 30 or more new drugs which this house recommends, some are well known to you, and stand in high esteem with many of you. Of these I might especially mention gelsemium sempervirens, which, in very numerous cases of trigeminal neuralgia, has proved a decidedly excellent remedy, though we have frequently met with unfavorable reports of its action. Podophyllin, also, which I count among the most valuable drastics, both on account of its great activity and because of the relatively slight irritation which it exerts upon the intestines. I will, therefore, not further refer to these remedies, but will report upon a number of other drugs which I have recently used.

Speaking of cathartics, no doubt many of you are in somewhat the same position as myself, as regards the difficulties experienced in the treatment of habitual constipation. The sedentary habits of many classes of society, with the apparently increasing reluctance to bodily activity and exercise, early and long-continued masturbation and consequent relaxation of the organism, and, perhaps, not to the smallest extent, a lack of variety in the nutriment of early years, may be the causes of this trouble. Children are too uniformly and during too long a time, restricted to milk and meat nourishment. From the eighteenth to the twenty-fourth month vegetables should be freely given with animal nourishment. They tend to keep the intestinal canal more active in the matter of peristalsis. The agents usually employed against intestinal inactivity, are the numerous cathartics and enemata. In the case of most laxatives, however, the patients get so accustomed to them, that we are often forced to change to others, proceeding from weaker to stronger agents, and, finally, reaching such drastic cathartics as set up chronic conditions of irritation in the intestines, and the original evil, instead of being improved, is aggravated. Even with injections, we are forced to use all kinds of modifications, and what is detrimental in the case of the adult, is still more harmful in the earliest and adolescent age. We must, therefore, constantly endeavor, through strengthening of the constitution, and toning up the system, and especially the intestines, to make laxatives superfluous. In the former direction it is partly iron, partly hydro-therapeutic cures which are employed with advantage. In the latter direction, heretofore, massage was used, nux vomica, and especially eserine, which, in doses of from one-third to one milligramme, often renders very good service. But there are plenty of cases in which these therapeutic agents either cannot be used, or where they

* By Prof. Dr. R. Massini, at Basel, in "Correspondenz-Blatt für schweizer Aerzte," Aug. 15, 1885.

leave us in the lurch. We would, therefore, in such cases, be especially thankful for the cathartic which is adapted to increasing the tone of the intestinal canal without acting as an irritant thereon.

Among the remedies recommended by PARKE, DAVIS & Co., there are three which may be used in this direction, and all of which have proven useful in my hands. The best known of these remedies is, perhaps,

Euonymus Atropurpureus.—This drug is popularly known in the United States of America, under the name of wahoo. The bark of the root of the plant is the part used. A glucoside prepared from the same, namely, euonymin, a yellowish-brown resinous body, or the fluid extract is employed. The former is used in single doses of one decigramme (gr. jss), the latter in doses of a teaspoonful. The medicine is best given after meals, either after dinner, or, where two doses seem necessary, one dose to be taken after dinner, the other after supper. Euonymin is but very little soluble in water, readily soluble in alcohol. Besides the yellowish-brown euonymin, there is also on the market a green euonymin containing chlorophyl—a much less active preparation.

American physicians call euonymin a cholagogue, and recommend it in cases of constipation due to an insufficient secretion of the intestines or the bile. According to HANS MAYER, large doses exert an action upon the heart, and in doses of one-tenth to one-fifteenth milligramme, it is said to cause a stoppage in systole in the frog.

French physicians recommend it as a laxative, and BLONDEAU and DUJARDIN-BEAUMETZ speak especially in its favor, while PAUL and CONIL represent it as inconstant and easily exhausted. I have repeatedly used euonymin, especially in cases of atony of the intestines, and in many cases I have obtained very good results, while in others it failed. I would recommend it particularly in hæmorrhoids and in chronic dyspepsia, with sluggishness of stools. The remedy also did excellent service in a female patient with cholelithiasis and peritonitis, in which other laxatives were either not borne, or were entirely without effect. In all cases the action was decidedly mild, and without those colicky pains which DUJARDIN-BEAUMETZ and CONIL have observed. In most cases the remedy could be discontinued after 10 to 14 days, and for a longer or shorter time.

Rhamnus Purshiana.—Similar to the action of euonymin is that of the bark of rhamnus purshiana, known under the name of cascara sagrada.

Like the rhamni of Europe, viz., rhamnus frangula, and rhamnus catharticus, rhamnus purshiana possesses purgative properties. While, however, rhamnus frangula bark and the berries of rhamnus catharticus cause severe colicky pains and stomach ache, this is not the case with cascara sagrada, and it is reputed that the remedy, through its action upon the nerves of the intestines, has an excellent effect in atony of the intestines, and that it acts better in smaller doses and has a more lasting effect, than in large purgative doses. One to two teaspoonfuls of the fluid extract purge, but BUNDY recommends that this quantity be mixed with from two to three parts of simple syrup, and one teaspoonful of this mixture be given after meals and previous to going to bed. FLETCHER HORNE recommends twenty drops three times daily, in sugar water, and decrease the dose after a few days.

In this latter form the preparation has given good and apparently lasting results in numerous cases of habitual constipation, and I would recommend it for further trial.

Hydrastis Canadensis.—The third remedy which is used in a similar direction, serves at the same time an entirely different purpose, in so far as it is said to do good service in hemorrhage of the female genital organs. I allude to hydrastis canadensis, ranunculacea, called "golden seal" in North America (United States and Canada); it has also been called Warneria canadensis, or yellow puccoon, and is said to be related to the anemones. The root is known in trade as Canadian yellow root. The fresh rhizome is very juicy when broken, crooked, knotty, swollen and studded with numerous threadlike rootlets. It contains the well-known alkaloid berberine in the proportion of about four per cent., and hydrastin ($C_{22}H_{23}NO_6$) 1½ per cent. in the dry root. The latter forms in four-sided rhombic, white, shining prisms, of bitter taste, sparsely soluble in water, readily soluble in alcohol, ether, chloroform and benzole. In commerce also a resinous yellow mixture is sold under the name of hydrastin which cannot be considered as a pure product. A third alkaloid similar to berberine is named xanthopuccin. The Canadian yellow root has been used in America for many years as an antifebrile and tonic remedy. The preparation, however, might be especially recommended in dyspepsia with constipation, and in menorrhagia. In the first direction many very favorable results are at my command. I remember especially a lady who suffered for a long time from gastrodynia, with very obstinate constipation, and who used in vain Carlsbad salts, aloes, compound licorice powder, tamar indien, grillon, Dehaut's pills, grains de sante Swiss pills, etc., and who, after using the fluid extract hydrastis canadensis, 30 drops after each meal, got permanently rid of the stomach pains as well as the constipation. With reference to its anti-hemorrhagic properties I have no experience of my own. The reports, however, made by PROF. SCHATZ, in

Rostok, at the meeting of the German naturalists at Freiburg in 1883, (Archiv. fuer Gynæcologie XII, heft 1 and 2) are worthy of notice. PROF. S. has seen favorable results after the application of extract hydrastis canadensis in myomata of the uterus as well as in other hemorrhages, even in cases where scraping of the mucous membrane of the uterus was without effect. The effect in climacteric hemorrhages has been less marked, though here also in several cases a certain decrease of loss of blood was effected. SCHATZ recommends the remedy not only during the hemorrhage, but preferably in the interim, recommending doses of twenty drops four times a day, or thirty drops three times a day.

Among incidental effects SCHATZ mentions once a strong excitement, at another time some mental illusions. Improvement of the appetite is, however, quite constant. SCHATZ believes that hydrastis causes a contraction of the blood-vessels, and combines therewith a decrease of congestion of the genitals. He has therefore found it effectual in several cases of dysmenorrhœa. Even in cases where ergotin had been tried without success, hydrastis caused decidedly favorable results. A record of 28 more or less favorable cases forms the basis of his report.

It would be interesting to ascertain whether hydrastis really has a contracting action upon the vessels, how in this respect the blood pressure acts, and whether such a contraction of blood-vessels is a general one, or is restricted only to certain vessel districts. We might, perhaps, draw therefrom new therapeutical indications, the application of the drug, for instance, in hemorrhage of the lungs, in paralytic hemicrania, etc., but to my knowledge no exact experiments have been published on this subject.

Cotton Root Bark.—According to the reports of DR. PROCHOWNIK, at Hamburg, it is said that gossypium acts less promptly but more permanently than secale cornutum. In cases of a serious nature he, therefore, prefers ergotin and recommends gossypium especially in gynæcological practice, though he has also seen favorable reports of its action in increasing the force of labor pains, as well as being serviceable in uterine atony, post partum. The few experiments which I have made with the preparation seem to be rather encouraging. In two cases of climacteric hemorrhage in which liquor ferri sesquichloride and large dosesof secale cornutum failed, gossypium, in the form of fluid extract given in doses of two to three teaspoonfuls daily gave decidedly brilliant results. The form of infusion seems to be less desirable than the fluid extract.

[*To be continued.*]

URECHITES SUBERECTA.*

The author begins with the history of the introduction of urechites suberecta, in which he utilizes a large number of reports upon the subject which have previously appeared in the columns of the Therapeutic Gazette. especial reference being made to the reports of PROF. ISAAC OTT, of Philadelphia, and MR. J. J. BOWREY, the material for whose experiments was the several preparations supplied them by MESSRS. PARKE, DAVIS & CO., of Detroit, who had also sent the drug for experimental purposes to DR. LANGGAARD, of the Pharmacological Institute at Berlin, in whose laboratory and that of LIEBREICH, the author's experiments were chiefly made. The author details numerous experiments on animals, rabbits, frogs, dogs, etc., studying its effects upon the heart and upon the blood pressure, upon the intestinal tract and the kidneys, upon the motor nerves, upon the sensory nerves and upon the spinal marrow, and comes to the following conclusions:

1st. Urechites suberecta is a very strong poison. 2d. In small doses it causes a decrease in the frequency of the heart-beat through the central and peripheric irritation of the vagus. 3d. It weakens, in a small degree, the excito-motor apparatus of the heart. 4th. In large doses it kills through direct affection of the heart muscles and is able to cause tetanus of the heart. 5th. When introduced into the veins it first increases the blood-pressure, through action upon the heart muscles, and causes it to sink later on through the decrease in the frequency and energy of the heart-beat. 6th. Large doses may cause a secondary poisoning by carbonic acid, and this proves fatal. 7th. A primary action of the poison upon the vaso-motor system cannot be proven. 8th. It exerts a probably peripheric irritation upon the motor nerves, and through this action causes convulsions. 9th. It does not paralyze the sensitive nervous apparatus. 10th. It increases the peristalsis of the intestines. 11th. In large doses it increases the secretion of urine. 12th. It causes vomiting. 13th. It causes salivation. 14th. It is a physiological antidote in poisoning by curare. 15th. The physiological antidote of the urechites is atropia.

As regards the applicability of urechites in therapy, the author, as a result of experiments thus far made, discountenances the use of the substance on man. A therapeutic application could only be taken into consideration through the action of urechites in decreasing the heart's action, in which regard it has the advantage of digitalis on account of the want of cumulative effect. It, however, causes seri-

*Abstract from an inaugural dissertation on the Action of Urechites Suberecta on the Animal Organism. By Wilhelm Von Winckel, Berlin, Aug. 1885.

ous reduction in the blood-pressure, and in such doses as the author has felt it safe to employ, it has very disagreeable untoward effects. The doses were, however, comparatively large.

The report is a toxicological one, and should not deter from further experiments, and particularly with a chemically pure active principle, which would allow of an exact dosage.

Notes.

The meanest man living has been discovered in Oakville, Canada. His wife was ill, and the doctor ordered wine. As a good article was not procurable at the ordinary places of supply, the doctor furnished some from his own cellar. The woman died, and when the medical attendant's bill was presented, the broken-hearted widower declined to pay it because his beloved wife had not been saved. Compelled, however, by process of law, to liquidate the account, he took his revenge by making a complaint against the doctor for selling liquor without a license. If there is a meaner man than that living, we don't want to know where he exists.

A noted English physician has revived the lie that fish is valuable as a brain food. He knows no more about it than MARK TWAIN, who gave the following advice to a young author: "Yes, fish makes brain. Judging from your previous articles, you need a couple of whales—not the largest, but good, middling-sized whales." Once let the belief become general that fish makes brain, and the demand for fish will be so great that before long the fish would become an extinct animal, and then what would we do for a vacation? No, it's a great mistake. Neither fish nor any other food can supply the great natural deficiency of cerebral tissue which afflicts the modern man.

The Medical and Surgical Reporter says that "small-pox knocks with bony knuckles at our northern door, and present vigilance is the price of future freedom from the pest." We heartily endorse the sentiment, but do not care to commit ourselves to an opinion on the metaphor. Small-pox may have knuckles with which to knock at doors, and they may be of bone, but we have failed thus far to detect them in the only variety with which we have any acquaintance.

DR. HERMAN KIEFER, one of the old and leading practitioners of this city, accepted the position of U. S. Consul in Germany, a couple of years ago. Having retired from the office, he has just returned home, and the occasion was embraced by the profession to give him a reception in the form of a banquet. The affair was held at Harmonie Hall, and was very *recherche*. We congratulate the doctor on this token of the appreciation in which he is held by his fellow-practitioners.

DR. TALMAGE, the contortionist divine, gives it as his opinion that no man whose stomach is out of order, can be a christian. He believes in three good meals a day, and eats more on Sunday than on any other day of the week. The general publication of the latter fact would, doubtless, be followed by great abstemiousness on the part of the people of this country. Now that we have a hint as to their causation, we should prescribe a low diet for the doctor's singular Sunday symptoms.

A Florida physician the other day conceived the impression that some one was peeping through the key-hole of his office door. He investigated with a syringeful of pepper sauce. In about a half an hour afterwards he found his wife with her left eye covered with a bandage, so great was the pain of an injury which she had received from a chip which flew up and hit the organ, while she was splitting kindling.

Another *faux pas* of the telephone: "Hello, doctor!" "Hello! Mrs. Elcho." "CLARA grows better, and her baby is quite well." At this point the girl at the central office cuts off the doctor and turns on a veterinary surgeon, who is giving the order to his assistant to "Give her a bran mash and have the groom rub 'er down."

A number of book notices, and several pages of other more or less interesting matter prepared for this issue of the AGE, have been crowded out. This statement is intended as an emollient to the irritation which the non-appearance of this matter will perhaps cause in some quarters.

Life, a western newspaper, has discovered why it is that "uneasy lies the head that wears a crown." A newly-arrived chiropodist from the old country announces himself as corn-doctor to the Court of Germany, and tells us that he has removed corns from several crowned heads of Europe.

DR. T. GAILLARD THOMAS gives it as his opinion that the diagnosis of pregnancy at any time less than three months from its inception, is an impossibility, and insists that this fact remembered in examining a woman whose menses have stopped, would guard the physician against error.

Professor, who had given the details of a hypothetical case of a serious nature, to student who was a candidate for a diploma: "MR.

JONES, what would you do for the patient thus afflicted?" "I would promise to call and see him the next day. Perhaps I'd find him better. I'd give the poor fellow a chance."

DR. E. W. JENKS, of this city, has received, within the past two months, flattering offers of chairs on gynæcology, in two medical colleges, one in the west and one in the east. The inducements are, however, not sufficiently strong to lure him from his Detroit clientele.

A Cincinnati doctor tells of his having been invited by one of the very knowing dames who are handy at confinements, to please come into the other room and dress the placenta. She had washed the child, and was only waiting to have its placenta dressed before enrobing it.

Formulary.

FOR WHOOPING COUGH.

Rothe announces his satisfaction in the treatment of whooping cough by iodized phenol. A teaspoonful of the following is given every two hours:

℞ Carbolic acid,
Alcohol, āā 7½ grains.
Tr. iodine, 5 drops.
Peppermint water, 750 grains.
Tr. belladonna, 15 grains.
Syrup of diacodium, 150 grains.

—*N. Y. Med. Journal.*

FOR SMALL-POX.

The Medical Bulletin recommends the following:

℞ Acid carbolici, gr. jv.
Chloral hydratis, ʒ ijss.
Tr. benzoin comp., ʒ ijss.

M.
Sig. A teaspoonful every four hours.

FOR TOOTHACHE:

℞ Acetate lead, gr. x;
Distilled water, f. ʒ ss;
Tr. opium, f. ʒ j.

M. Apply to the hollow tooth with absorbent cotton.

FOR DYSURIA IN INFANTS:

℞ Muriate ammonia, ʒ j;
Po. ipecac, gr. iv;
Po. opium, gr. ij;

M.: ft. pulv. 15. One twice a day.

TO REMOVE FRECKLES:

WERTHEIM, of Vienna, recommends the following:

White precipitate.
Subnitrate of bismuth, āā ʒ j.
Glycerine ointment, ʒ j.

This is to be applied in a thin layer every other night, and in from four to six weeks the result is said to be highly satisfactory.

Medical Progress.

COCA-LEAF CIGARS AND CIGARETTES.—By F. E. STEWART, M. D., PH. G.: I have been experimenting for some time with the leaf of erythroxylon coca in the form of a cigar—first, for the purpose of ascertaining whether the drug would thus produce its physiological effects, and, secondly, in view of a new therapeutic application. It is too soon yet to express a positive opinion in regard to the latter, but I have had sufficient experience with them to say something about the former; and as I find that others are already commencing to enter this field, I may be excused for calling the attention of the profession at this early date, my excuse being that I wish to receive what credit may accrue from my share in their introduction.

Some time after I commenced my experiments, I found that DR. LEWIS LEWIS, of this city, was employing coca in the form of a cigarette in the treatment of throat affections with success, and, as he says he has been using the drug in this way for nine years, he is entitled certainly to the credit of priority.

DR. LEWIS' cigarettes are composed partly of coca- and partly of tobacco-leaf. This has its advantages and disadvantages. Without discussing this point, however, I employ a cigar made of pure coca-leaf, with a wrapper of mild imported tobacco of fine quality, and a cigarette of pure coca-leaf containing no tobacco, wrapped with the best quality of rice-paper. Those who do not object to the tobacco can use the cigars, while those who have objections to it can employ the cigarette; while for those who object to the tobacco wrapper and the paper wrapper also I prepare a "smoking tobacco" of the pure coca-leaf, without admixture of any kind, which may be smoked in a pipe.

Coca is too well khown to the profession to make it necessary for anything more than the briefest description of the plant, its history, or its virtues.

The erythroxylon coca grows in moist and woody regions on the eastern slope of the Andes, from 2,000 to 10,000 feet above the level of the sea, and is highly valued and cultivated by the natives of Peru, Chili, and Bolivia, who make great use of it as a medicine and as article of diet. It answers as a substitute for the tea, coffee, tobacco, hashish, opium, etc., of other nations. The natives masticate the dried leaves with finely-powdered chalk, or with a highly alkaline substance prepared from roasted potatoes and the ashes of various plants, and which they call *llipta*. It is said that its use enables them to endure fatigue and exertion for many

hours, and even for many days, with but little nourishment of any other kind, and while under its influence they are said to perform prodigies of labor.

Let me compare, therefore, the action of these cigars with that said to be produced by the drug, not only by the natives, but by BARTHOLOW, WOOD, the United States Dispensatory, the National Dispensatory, and other authorities equally well known, who are investigating the properties of this remarkable drug.

First, all authorities agree that the use of coca, either in the leaf, fluid extract, or wine, is followed by a feeling of contentment and of well-being, the sense of fatigue is removed, drowsiness is experienced for a brief period, but is soon followed by wakefulness and increased mental activity. The celebrated pedestrian WESTON, having learned their powers, was detected in the use of coca-leaves during one of his extraordinary feats in London. The question then, is, does coca, smoked, produce these effects?

I have testimony as to the feeling of contentment and well-being. Dr. M., of Wilmington, Delaware, one of the leading physicians of that State, made some experiments in this direction for me. Being thoroughly acquainted with the effect of the drug, having frequently used it in connection with his extensive practice, and often experienced its effects on himself, what he has to say must be received as of weight. At the time of the experiment which was tried upon himself he was feeling somewhat depressed—had the blues, in other words—owing to the absence of his family and the loneliness of his house without them. After dinner he smoked a couple of the cigars, with the effect that the "blues" were expelled and he felt the exhilarating effect of the drug in the same manner as after a dose of the wine. It is his opinion that the effect of the cigars is milder than that of the wine, but he is satisfied that he experienced the peculiar power of the coca by smoking it. He will continue his experimets in other cases.

MR. S., of the same city, who was suffering from dyspepsia and its attending depression, smoked the cigars after meals at my suggestion, the result being to dispel the depressed feeling and remove the fullness experienced after eating a meal. Repeated experiments confirm this. As coca is said to stimulate the gastric nerves and greatly facilitate digestion, the above experience seems to prove that the cigar has a similar effect.

MR. C., a clerk in a cigar-manufactory, Philadelphia, smoked several of the cigars. He says that the first one was used during the hot weather of summer, when he was nervous and depressed by the heat. The effect was to stimulate him, remove the depression, and steady his nerves, and he felt well afterwards for the rest of the day. Repeated experiment confirms him in the belief as to the correctness of his view that coca-leaf smoked is a stimulant and tonic. He inhaled the smoke.

DR. K., Philadelphia, has smoked a number of the cigars at my request. He is familiar with the effect of coca, having used it while a student as a stimulant during his researches on the heart at the physiological laboratory of the Jefferson Medical College. He recognizes the stimulating effect of the drug in the cigar.

MR. M., Philadelphia, a chemist of much reputation, and a very careful observer, finds a stimulating effect from the cigar the same as his experience in the use of coca. He will continue to experiment with it.

PROF. S., for many years a teacher of pharmacy in Philadelphia, a gentleman of excellent powers of observation, says that he experiences the peculiar effect of coca on smoking the cigar.

Chief Engineer N., U. S. N., a member of a recent Arctic exploring expedition, says that he did not experience any exhilaration from the smoke of the coca-leaf. He will, however, continue his experiments still further, and report to me after doing so.

Personally, I have found the effect of smoking coca-leaves to bear out the statement that the drug produces a general excitation of the circulatory and nervous systems. Smoking and inhaling the smoke of one or two cigars will increase my own pulse-rate some eight or ten beats to the minute. It certainly relieves the sense of fatigue. Smoked at night, in my own case and in the cases of several of my patients, it produces wakefulness similar to strong coffee.

The exaltation produced by it does not seem to be followed by any feeling of languor or depression. I find it a relief after a full meal, like a good tobacco cigar. It seems to impart increased vigor to the muscular system as well as to the intellect, with an indescribable feeling of satisfaction. I have never experienced any intoxicating effect from smoking it. DR. BARTHOLOW says that coca, as is the case with tea and coffee, acts as an indirect nutrient by checking waste, and hence a less amount of food is found necessary to maintain the bodily functions; and it is probable that some of the constituents of coca are utilized in the economy as food, and that the retardation of tissue-waste is not the sole reason why work may be done by the same person better with than without it: and I have just learned, in a letter from MESSRS PARKE, DAVIS & CO., that "a MR. STEVENS, a citizen of Abilene, Kansas, who was afflicted with hay-fever, and was about to go to the mountains, had concluded to remain at home, having obtained relief from the use of cigarettes of coca. Every morning he uses a cigarette, and finds perfect relief. He uses three per day, and also has used an application of a two-per-cent. solution of muriate, but finds that the cigarettes relieve him quicker and the effects last longer."

To sum up, therefore, coca smoked seems to produce the same effect on the system as coca taken internally in the form of fluid extract, wine, or elixir, but not in such a marked degree. Coca itself is known to be stimulant, tonic, and restorative to the system in the treatment of various diseases marked by debility and exhaustion. Nervous debility and exhaustion in all its forms, whether caused by disease or excesses, are said to be relieved by it. Fatigue disappears, to be followed by a feeling of indescribable calm and satisfaction, increased strength of brain and muscle, and desire for mental and muscular occupation.

Coca has been used with great success in the treatment of the opium habit. It is also an excellent substitute for tobacco. It has been successfully used in dyspepsia, flatulency, colic, gastralgia, enteralgia, hysteria, hypochondria, spinal irritation, idiopathic convulsions, ner-

ous erethism, and in the debility following severe acute affections. As it is a valuable restorative agent, checking tissue-waste, it is a useful remedy in consumption and wasting diseases generally. It is also of value in the nervous forms of sick-headache, *migraine*. It is said to be an aphrodisiac.

Now, my object in publishing this article is to introduce coca-leaf cigars to the profession. I have furnished what information I have to prove the cigars are capable of producing the action of the drug. In my own mind I have no doubts on the subject, though the effects are milder than those resulting from the employment of the fluid preparations of coca internally. I have also summed up the properties said to be possessed by coca as a therapeutic agent. I have produced evidence, in addition to that furnished by DR. LEWIS, that it is of value in the treatment of hay-fever; and, as it is important that the true value of this form of using coca-leaf should be known, I have had some made, and I will send samples to members of the profession, free of charge, who may desire to test them, and will publish the results, favorable or otherwise, in the medical press. I have no proprietary interest in them, nor have I copyrighted this article concerning them. The idea of coca in this form, and all information concerning it, is free to the use of the profession.—*Philadelphia Medical Times*, September 19, 1885.

HYDRONAPHTHOL—A NEW ANTISEPTIC.—DR. GEO. R. FOWLER, of Brooklyn, N. Y., discusses the merits of this new antiseptic in the N. Y. Medical Journal, October 3, 1885, as follows, viz:

Hydronaphthol is a derivative of the hydroxyl substitution of naphthalin, which latter of itself possesses antiseptic properties of sufficient value to have already excited notice and a desire to learn more of its compounds. The term "hydronaphthol," although perhaps not, strictly speaking, correct, yet conveys sufficiently well its character and relations to naphthalin, and at the same time is a convenient term for every-day use. It has been recently discovered that it possesses antiseptic properties, and the claim is made that it is from ten to fifteen times more efficient than carbolic acid. It is the most promising antiseptic of the phenol series, and, besides, possesses so many other advantages over substances now used for this purpose that it bids fair to supersede many of these. In surgical practice it will take the place, probably, of carbolic acid. Of the many new members of the phenol series which have been discovered since CALVERT called attention to carbolic acid about thirty years ago, and which have been utilized in the industrial arts, some are better antiseptics than the latter. With but one or two exceptions, however, none have attained any prominence as germicidal agents. Carbolic acid, though a fairly reliable antiseptic in strong solutions, when so used, involves some risk to life, from its corrosive action upon animal tissues and well-known poisonous properties. In weak solutions it is exceedingly unreliable, and its disagreeable odor often hides that of putrefaction, instead of preventing the occurrence of the latter. On the other hand, hydronaphthol is non-irritant, non-poisonous, and non-corrosive; and, although only soluble in water to the extent of one part in one thousand, in this proportion is antiseptic. It has no odor to disguise that of putrefaction, nor is it decomposed or rendered inert by the products of putrefactive decomposition—such as sulphuretted hydrogen, ammonia, etc. It is far more stable than carbolic acid, not being volatile at ordinary temperatures. Its vapor, when volatilized for purposes of fumigation, has no obnoxious effect upon the organs of respiration. It will not injure, either in substance, solution, or vapor, colors or textile fabrics. Its sparing solubility in water is rather an advantage than otherwise, as mistakes in making solutions cannot occur. A saturated solution is about of the strength of one to one thousand, and in this proportion it will perfectly preserve for an indefinite time animal tissues and fluids, and yet upon living tissues this solution produces no perceptible effect other than the formation of a very slight albuminate film—this latter to be considered rather an advantage than otherwise, inasmuch as it constitutes an additional security against infectious germs floating in the air. If for no other reason than that it is non-corrosive, and hence will not injure the polished surface and keen edge of cutting instruments, it is to be preferred to mercuric bichloride, and to the latter it is second only in antiseptic qualities. It has a slight aromatic taste and odor, and crystallizes in scale-like clinorhomboid laminæ of a silvery white or grayish hue. Although but sparingly soluble in water, it dissolves freely in alcohol, ether, chloroform, glycerin, benzole, and the fixed oils. It is not volatile at ordinary temperatures, but begins to sublime at about 90° C. With the alkalies and the alkaline earths it forms compounds which are unstable, are readily decomposed by carbonic acid, and of doubtful antiseptic value. It is easily powdered, and in this condition, triturated with carbonate of magnesia, silicates, such as fuller's earth, China clay, etc., in the proportion of two parts of the hydronaphthol to one hundred of either of the above named, can be dusted along the line of incision and over the mouths of drainage-tubes, in the latter application having an advantage over iodoform, now so commonly used for that purpose, in that it does not dry up the serum escaping from the wound cavity, and thus block up the exit extremity of the tube. Absorbent gauze, cotton, jute, wood-flour, sawdust, peat, moss, and paper-wool may be impregnated with it by immersing them in its alcoholic or benzole solution and then drying; the hydronaphthol crystals cling to these without the aid of stearin, paraffin, or resin, as in the case of carbolic acid. As it is not decomposed by the presence of organic matter, it possesses this advantage over corrosive sublimate in the preparation of surgical dressings. Its ten-per-cent. alcoholic solution perfectly sterilizes silk, and sufficiently hardens and preserves, as well as sterilizes, catgut.

THE THERAPEUTIC VALUE OF CHLORIDE OF CALCIUM.—DR. R. W. CRIGHTON, of Edinburgh, Scotland, publishes in the September, 1885, number of the London Practitioner, an interesting article on this subject. After presenting a brief history of the drug, he continues as follows:

I have used the drug largely both in dispensary (while physician to the Tavistock Institution) and in private practice since the beginning of 1878, and can conscientiously say that, in suitable cases, I know of no other therapeutic agent that will produce the same good results.

And, among these, first in glandular enlargements of the neck in children, where the glands seem massed together, and are almost of stony hardness, and in which both iodine and cod-liver oil have failed to reduce the bulk

After some weeks' patient use of the chloride, with careful attention to diet and general hygiene, there seldom fail to be noticed a softening and separation of the individual glands, and generally, in a few months, such a reduction in size, or complete disappearance in milder cases, as to warrant the term *cure* being applied to the case. On the discontinuance of the remedy, however, an increase of size often takes place, necessitating its continuance at intervals for a year or more.

I have found the chloride of calcium equally efficacious in cases where suppuration had occurred—in fact, one of the earliest cases which I treated thus was a lady aged forty, who from childhood had scarcely ever been many months free from suppuration of some of the cervical glands. These had generally been incised, and cod-liver oil and the preparations of iodine almost constantly taken. She had been under my care for several years with this unsatisfactory result, when, in May, 1878, she was treated with doses of chloride of calcium thrice daily. In less than three months all suppuration had ceased, and the enlarged glands had become much reduced in size. I ordered her to continue the medicine at intervals; and, much to my delight, learned from her several years afterwards, when attending her for some abdominal affection, that there had been no suppuration in the interval, and that, on observing any increase in size of the neck, she invariably had recourse to it. In tabes mesenterica the good effects are striking and lasting, if the disease is not too far advanced.

In pulmonary phthisis I have not found the chloride so useful as I had been led to expect from the reports of DRS. WOOD, SANDERS, and others (DR. SAWYER, Brit. Med. Journ., 1880). I should recommend its employment in those cases only where there is evidence of the bronchial glands being decidedly enlarged.

In scrofulous caries I have witnessed quite as remarkable results from the prolonged use of the remedy as in scrofulous enlargement of cervical and other glands.

DR. SYDNEY RINGER, in some recent experiments (on the effect of the saline ingredients of the blood on the contraction of the heart, Brit. Med. Journ., April 11th, 1885) has thrown some light on the therapeutic action of chloride of calcium. He invariably found that when the heart of the frog had been subjected to the action of fluids, such as water or a solution of common salt (same proportion as in blood), the ventricular contractions grew weaker and weaker, till at last contractility ceased, and the ventricle stopped in diastole, and a contraction could not be induced even by a strong galvanic induction shock. He adds that the only constituents which will restore the suspended contractility is lime; and on adding one part of chloride of calcium to 10,000 parts of saline solution, spontaneous contractions return, and the ventricle very soon begins to beat as strongly as ever. Any potassium salt has an opposite effect.

This action in many cases of scrofulous disease must be highly valuable in slowing the circulation, and in acting as a cardiac tonic; while iodide of potassium would have a decidedly contrary action. Valuable as iodine and cod-liver oil are in many cases of the large class of diseases comprehended in the term "scrofulous diathesis," I yet claim for the chloride of calcium, in certain instances, a special therapeutic power which neither of them possesses, and, in all cases of this diathesis, the merit of a valuable *alterative* remedy.

In conclusion, I would add a few words on the doses and mode of administration. I have always prescribed the crystallized chloride of calcium, as the anhydrous salt forms a turbid solution, and has an unpleasant taste. The recognized dose is from ten to twenty grains, or even more; but I have generally given a smaller one—one, two, or three grains for young children, and rarely over twelve or fifteen for adults. The formula which I have adopted is that recommended by DR. COGHILL, viz.: ℥ v of the crystallized salt in fluid ℥ xii of syrup. The dose of this solution has varied from min. v to min. xl, according to age and other circumstances. I have always given it in milk after meals.

THE ALKALOID COCAINE IN SPASMODIC ANGINA.—We are indebted to PROF. BURGGRAEVE for a very remarkable case of spasmodic angina, which was treated with the new alkaloid cocaine by DR. VÉRETTE, of Bésançon, in France. At 2 o'clock in the afternoon of the 19th June he was called suddenly to attend a child four years of age, who had been suffering from symptoms of angina since the previous midnight. Two of his colleagues had been attending the child, and had decided upon having recourse to tracheotomy. When DR. VÉRETTE arrived, the child was clinging to its mother's neck, his lips were blue, and he appeared on the point of death from suffocation. Was it a case of diphtheria, or had the child something in his throat? Was it croup, or simply a spasmodic affection? Such were the questions that passed rapidly through the mind of the doctor.

He opened the child's mouth, and found nothing of a suspicious character, and at once discarded the idea of diphtheritic angina, which the colleague present had hinted at; he was likewise satisfied that the child had nothing sticking in his throat, and "as to croup (*croup de'emblée*)," he says, "I have never believed in it, and have never seen an example of it, so my diagnosis was *spasmodic angina*. If my diagnosis was correct, there was no operation necessary; a topical application of glycerin and starch, 30 grammes (1 oz.), cocaine, 2 centigrammes (about ⅓ grain). This preparation was liberally applied, by means of a camel's hair brush with a bent handle, to the whole of the laryngo-pharyngeal region.

"The effect was perfectly marvelous. In a few minutes the child was free from the terrible symptoms which had lasted for fourteen hours. We fixed our next medical rendezvous for three o'clock. On our arrival the child was asleep and breathing quietly.

"Was this a simple effect of the cocaine, or was it due to the previous treatment that the child had undergone? The latter was the opinion of one of my colleagues. The remainder of the case will show, however, that the effect was due entirely to the cocaine.

"I had insisted, in fact, that the anti-periodic medication should at once be prescribed, knowing how frequently these stridulous affections return. In spite of my insistance, it was only at half-past nine at night that sulphate of quinine was begun to be given in the dose of ten centigrammes (nearly two grains) every hour.* The attack came on at midnight, as I had deemed probable. The family physician was called on to check it; he did not feel inclined to use the cocaine, but administered fifteen drops of ether in a little sweetened water (*eau sucrée*). The effect of this was *nil*, and the spasmodic symptoms increased up to five o'clock in the morning, at which moment I was called in again.

"This time the attack was more violent than ever, and the child appeared lost; but a simple application of the cocaine and glycerin, as before, sufficed to dissipate it in the course of a few minutes · · · · · This time all doubt vanished.

"There were, of course, a few *sequelæ*—a slight tracheo-broncho-pneumonia—which the child's uncle, DR. LEVY, who had by this time arrived, soon cured by means of three blisters and a tonic kermetized potion. To-day, 23d June, the child is convalescent."

Our readers will perceive that we have given this case in DR. VÉRETTE'S own words, on account of its importance. We have only to add that with this practitioner children's diseases form a specialty—that he is Medical Inspector of the Société Protectrice des Enfants of Bésancon, and that he has communicated the above observations to PROF. BURGGRAEVE'S journal.

We should like also to draw attention to the author's remarks concerning *croup de emblée*, and to ask our readers whether spasmodic angina is not merely another name for what is in England termed croup? However that may be, the child was suffocating and all but lost, and his life was saved by one or two simple applications of hydrochlorate of cocaine. The time will soon come when professors of therapeutics will acknowledge the immense debt they owe to DR. BURGGRAEVE for having demonstrated the importance of the alkaloids, and shown how to use them with safety. The present case was not exactly an example of dosimetric treatment, but it was communicated to the author of the dosimetric method as a kind of acknowledgment of his services in introducing alkaloids into daily practice.—*Jour. of Med. et des Thérap.*, Sept., 1885.

TANNATE OF PELLETIERINE AS A TÆNICIDE.—Pelletierine is the active principle of Punica granatum, D., the beautiful red flowers of which are familiar to travelers in Northern Africa and Southern Europe. The shrub is celebrated in the annals of Materia Medica and Pharmacy from its extraordinary vermifuge properties; and its alkaloid, discovered not long since, was named after PELLETIER, the eminent French chemist.

It is often remarked that "there is nothing new under the sun," and this applies occasionally to such positive sciences as chemistry, or at least to pharmacy. The anthelmintic properties of the Punica granatum were perfectly well known to CELSIUS, and yet this subject forms the theme of a recent investigation brought before the Paris Academy of Medicine, by DR. DUJARDIN-BEAUMETZ. This physician has studied the physiological and therapeutic properties of the alkaloids pelletierine and isopelletierine.

In the first instance he corroborates the extraordinary tænicide properties of these active principles. They are, without doubt, quite fatal to tape worm, but as they are active poisons, they require to be handled with great caution. He employs a mixture of twenty centigrammes of the mixed sulphates of pelletierine and isopelletierine in a solution containing fifty centigrammes of tannin. He has thus cured thirty-seven out of thirty-nine cases, and DR. LABOULENE nineteen out of nineteen. CHANTEAUD has since introduced the granules of tannate of pelletierine.

The patient is submitted, on the previous day, to the action of a slight purgative; a light repast only is taken in the evening of that day, and next morning, fasting, a small dose of the sulphate of pelletierine in a solution of tannin is administered. A quarter of an hour afterwards a glass of water is given, and half an hour later one ounce of brandy. The tapeworm comes away, on the average, about four hours after the administration of the pelletierine. During the first hour after taking this medicine the patients (especially women) suffer from vertigo, more or less intense; and in view of the well-ascertained toxic properties of these alkaloids, M. DUJARDIN-BEAUMETZ recommends great care when they are administered to children. Certain considerations tend also to prove that, in spite of its poisonous properties, the sulphate of pelletierine may possess valuable therapeutic properties in cases of tetanus and rabies, for instance, as the salts of this alkaloid appear to possess many points of resemblance to curare. However, the experiments on this head are few in number and by no means satisfactory. Not so the tænicide experiments, which are truly wonderful. It is interesting to note that, although the alkaloids of punica have been so recently discovered, the properties which characterize them physiologically were known many years ago. We read in an old French treatise on Botany and Materia Medica, that "The bark of the root, besides its astringent qualities, appears to exert upon the intestine, and even on the tænia, a peculiar action which causes the expulsion of the latter. The numerous cures effected recently [1836] in France and abroad, even in the most rebellious cases, leave room for no doubt whatever in the efficacy of this anthelmintic, a property which, however, was known as far back as the time of CELSIUS. The administration of this medicament requires prudence, for in high doses it gives rise to vomiting and colics, acting also on the nervous system, for it gives vertigo, and a state of giddiness and depression."

"The alkaloid pelletierine, extracted from the cortex radicis granati," says DR. WITT, "is the most certain of all known remedies for

*This appears to be an enormous dose for a child of four.—ED.

tape-worm. In five cases in which, for a number of years, all the usual remedies, including even the extract of male fern, had proved inefficacious, about twenty-two grains of tannate of pelletierine, followed by a tablespoonful of castor oil, had the effect that the dead tape-worm appeared unbroken in the stool."—*Jour. de Med. et des Therap.*, Sept., 1885.

JEQUIRITY IN LUPUS EXEDENS AND OTHER CHRONIC ULCERATIONS.—DR. ARTHUR HAWEIS gives the following as his experience:

The berries are macerated for 24 hours to soften the husks, which are then carefully picked out after bruising in a mortar. The remainder is crushed with half its weight of glycerine and three times its weight of water, until a *smooth paste* is produced. This is plastered thickly over the diseased surface and retainen in position by a piece of beef. After 24 hours the patient begins to complain of malaise, with slight thirst and quickening of the pulse, these symptoms lasting 48 hours, never less. There is scarcely any increase of temperature (in one case the temperature rose to 100.5° on the third day after application).

On the third day suppuration has commenced, and an unpleasant smell from the dressing is perceptible. On the fourth day, and subsequently, the suppuration is more profuse, the *smell* is very marked, to the extent of necessitating the placing of deodorants in the ward and in the neighborhood of the patients; the malaise disappears, and the patient's appetite improves in spite of obvious inconveniences.

On the tenth day the dressing is removed, a healthy granulating surface is exposed, having the following peculiarities: The circumference is diminished by about one-third, the new skin at the margin exhibiting the typical bluish tint of a healing ulcer, and from the sides of the sore a little promontory of new, healthy tissue is seen attempting to reach a fellow projection on the opposite margins. After two or three days' dressing with a simple astringent lotion (in his cases consisting of the potassio-tartrate of iron dissolved in water, gr. iv ad ℥ j), these projections have coalesced, thus bisecting the original sore, while the edges of each part continuing to granulate healthily, the isthmus becomes broader, the sore surfaces smaller, until, at the end of about ten days after removal of the dressing, a fairly sound surface is left.

He has not found the treatment applicable to dry tuberculous conditions of the skin, even after scraping, so as to present a raw surface to the action of the remedy. The pus escaping from the dressing swarms with bacilli, but DR. HAWIES is not prepared to state whether they are active factors in the healing process, or whether they are present merely as concomitants of the conditions of application of the dressing.

In jequirity he is convinced that we have a treatment of great value in *chronic* ulcerative conditions, and he certainly thinks it worth trying in rodent ulcer, and possibly even in epithelioma. Jequirity should not be used in recent ulcerations—in them action is already too marked, and his experience of one case treated by a colleague has been that it caused extension rather than diminution of the sore surface.—*Provincial Medical Journal.*

STROPHANTHUS.—DR. FRASER, Professor of Materia Medica in the University of Edinburgh, is about to publish the result of his researches on the physiological action and therapeutic uses of the "kombé arrow poison" (Strophanthus hispidus), a subject which has engaged his attention for nearly fifteen years. The plant is a woody climber, growing freely in the forests, both of the mountains and valleys of many parts of Central Africa. In the Mangana country, near the Zambesi, it is known as kombé, but in the Gaboon district it is called "inée," "onaye," or "onage." It climbs the highest trees, hanging from branch to branch in graceful festoons like a wood-vine. Its flowers are pale yellow, and last only a very short time during the weeks which immediately precede the rainy season. The fruit ripens in June, and is collected by the natives with much care and many mystic ceremonies. From the seeds is extracted a juice in which are dipped the points of the arrows for shooting wild animals. DR. LIVINGSTONE, in his well-known narrative of the expedition to the Zambesi, refers to its employment in this way, and says that the poison is so deadly that a beast, on being struck, at once falls to the ground paralyzed. The follicles, specimens of which we have examined, are about a foot in length, and contain from 150 to 200 seeds, each bearing a beautiful delicate plumose appendage mounted on the extremity of a thread-like stalk some three or four inches long. From the seeds, DR. FRASER has succeeded in extracting a principle of very great activity which he has named "strophanthin." When examined under the microscope, it is seen to be composed of myriads of delicately interwoven crystals of all shapes and sizes. Injected under the skin of a frog, it arrests the action of the heart, causing complete stoppage of that organ, the ventricle being found pale and contracted, whilst the auricles are dark and distended. There seems to be little doubt that it acts directly on the cardiac muscular fibre. In physiological action it is allied to digitaline, the active principle of the common foxglove, although it exceeds it in activity, and differs from it in many important particulars. It is probable, too, that it is related to antiarin, the poisonous principle of the deadly upas tree of Java. We believe that PROF. FRASER has succeeded in laying down definite rules for its administration in various forms of heart disease, and it is likely that it will be extensively employed. It must be satisfactory to him to reflect that he has been enabled to add to our list of remedies an agent which hitherto has been employed only as an instrument of destruction.—*The Lancet; Med. News.*

NITRO-GLYCERIN IN THE TREATMENT OF HICCOUGH.—DR. O. T. SCHULTZ, of Mount Vernon, Indiana (American Practitioner), relates the case of a phthisical patient, fifty-eight years old, who had suffered for nine days with persistent hiccough, which had brought him to a very low condition, and had been only slightly ameliorated at times by various remedies,

including galvanization of the phrenic nerves and of the epigastric region, and faradization along the attachments of the diaphragm. As the patient had formerly suffered from an angina pectoris, the author reasoned that the hiccough might be due to a similar cause. Accordingly, on the tenth day, he gave one drop of a one-per-cent. solution of nitro-glycerin at 8 o'clock in the morning, and repeated it at 9 o'clock. A moderate degree of bursting headache set in at once, the hiccough became easier and less frequent, and by 9:30 it had ceased altogether. The use of the drug was continued every two hours. At 2 p. m., after the patient had drank a glass of iced milk, the spasms appeared again, but yielded quickly to a fresh dose. During the afternoon and night there was only an occasional hiccough, but the next day there were two short attacks in the afternoon. The medicine was continued, and an occasional dose was given on the twelfth day, when the hiccough had entirely ceased.

HYDROCHLORATE OF COCAINE IN THE VOMITING OF PREGNANCY.—WEISS, of Prague, has used this remedy successfully in a case of vomiting of pregnancy which had resisted all previous attempts at relief. The patient was weak and anæmic, of a nervous disposition, and had suffered in three previous pregnancies with persistent vomiting: in her present pregnancy her condition was serious. WEISS prescribed:

℞ Hydrochlorate of cocaine, gr. ii.
Alcohol, enough to dissolve.
Water, ℥ v.

S. One teaspoonful every hour.

After the sixth dose three tablespoonfuls of milk were well borne: after the eighth, a cup of broth with egg, without vomiting. After the sixteenth dose the patient ate with relish chicken broth, slices of white chicken-meat, and drank a glass of wine, without vomiting. The drug was then withdrawn for a time, owing to an increased frequency of pulse and respiration; but hourly doses were subsequently given with the result of entirely checking the vomiting and enabling the patient to regain her former strength.—*Boston Med. and Surg. Jour.*, Sept. 3, 1885.

THE TREATMENT OF DIFFERENT DISEASES OF THE INTESTINES WITH NAPHTHALIN.—(Jarb. f. Kinderh. [from Wiener Med. Blatter, 43, 1884], B. xxii, H. 4.)—The use of naphthalin in intestinal diseases was suggested by its disinfecting properties. Therapeutic investigations showed that it could be tolerated in doses as large as five grains daily, without harm, since only a small portion is absorbed. The substance should be washed in alcohol until it is colorless, then dried and sublimed, which will leave it in large, white, beautifully formed crystals. Oil of bergamot may be added if it is to be given in the form of a powder. For injection purposes it may be given in the form of an emulsion, one gram being added to fifty or one hundred grams of distilled water, the mixture boiled and allowed to cool to 37° C. Usually this substance is well tolerated, but vomiting and retching are sometimes caused by it. In the acute intestinal catarrh of children very good results were obtained by the admistration of naphthalin in doses of from one to two-tenths of a gram every three hours. In typhus fever good results were obtained by the simultaneous use of naphthalin and quinine.—*Arch. of Pediatrics.*

FICUS DOLIARIA IN THE TREATMENT OF MINERS' ANÆMIA.—BOUCHUT (Paris méd.; Nouveaux remèdes) describes doliarina as a powder prepared with the juice of the *Ficus doliaria*, a plant indigenous to Brazil, where the *Ankylostoma duodenale* (the parasite which causes miners' anæmia) prevails endemically. The powder contains also aromatics and iron. The dose for an adult is a drachm three times a day. In the case of a patient treated by BÆUMLER, the ingestion of the first few doses was followed by borborygmi with pains in the upper part of the abdomen. The next day there were several loose stools, and the evacuations contained great numbers of the ankylostoma. On account of the patient's general condition, due to phthisis, the treatment soon had to be suspended, but it was afterward resumed with success. BÆUMLER remarks that doliarina, although slower in its action than male fern, and doubtless less energetic in dislodging the parasite, involves no danger, while the use of male fern demands great care. The juice of the *Ficus doliaria* contains vegetable pepsin, which digests the worms, so that, like papain, it is a worm-consumer (*vermivore*).

ALVELOZ, THE CANCER CURE.—M. LANDOWSKY has carefully studied the Brazilian plant called, by the natives, alveloz, and believed by them to cure cancer. M. LANDOWSKY believes this plant to be an euphorbia, discovevered by MARTIN, and described by MULLER under the name of *Euphorbia heterodoxa*. A preparation of this juice possesses the combined properties of a caustic and of papaïne. It promptly destroys the affected tissues layer by layer. At Pernambuco, after it has been well painted on the tumor, it is covered with a tobacco-leaf. M. LANDOWSKY, in his communication at the Grenoble Congress, stated that, after applying it, he places over it a sublimate of vaseline and borax dressing.—*British Med. Journal.*

LANTANINE AS A FEBRIFUGE.—The alkaloid, extracted by NEGRETE from the verbenaceous plant *Lantana brasiliensis*, is recommended by DR. E. BUIZA, of Lima ("Cambio faraceut."; "Arch. de Med. y Cirug. de los Niños"; "Courrier méd."; Nouveaux remèdes"), as a substitute for quinine. It retards the circulation and lowers the temperature, and is tolerated by the most delicate stomachs. Intermittents that have proven rebellious to quinine have yielded to 20 grains of lantanine. As an antipyretic, it is given in doses of a grain and-a-half, from ten to 20 of which are administered in 24 hours. For intermittent fever, it should be given immediately after a paroxysm, and in 95 cases in 100 the next paroxysm will not appear.—*N. Y. Med. Journal.*

The Medical Age.

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Original Articles.

THE THIRD STAGE OF LABOR.

BY AN OLD PRACTITIONER.

I feel highly complimented by the attention which my somewhat disjointed remarks on the Care of the New-born Child, have received from the readers of the AGE. If I have, in attempting to sustain my views, made use of any language which would seem to imply that I have been annoyed at the criticisms of my paper, I request the privilege of recalling it. Vigor of expression is almost unavoidable in discussions of this nature, but, of course, it always goes without saying that the Pickwickian rule applies in all such cases. If I have succeeded, as I flatter myself I have in some measure, in getting the readers of the AGE to *think* a little on a matter which is apt to be done in a sort of perfunctory routine, I am more than repaid for my share in the discussion.

Let me say a few words now, on the management of the third stage of labor. The funis has been cut and the child, having received the necessary preliminary attention, is rolled in a woollen shawl and handed over to the nurse. The accoucheur now turns to the woman who has just expiated the crime of the apple in Eden so many, many years ago—she has in sorrow brought forth. But the placenta remains. If the woman were delivered in the position of all-fours the action of gravitation combining with the expulsive efforts of the uterus would, as in the case of quadrupeds, be sufficient to readily expel the mass. But being supine, intelligence must come to the aid of instinct, and therefore are we accoucheurs.

The well-being of the mother is closely dependent on the proper expulsion of the placenta, and in no stage of parturition are the accoucheur's services more valuable than in the third. The nurse should be at the bedside while the head is being expelled from the vulva, and should be instructed to press firmly with her hand, palm downward, over the uterus, and she should continue to thus press until the child is handed over to her keeping by the accoucheur. The latter having surrendered the child must now see to the after-birth. It is understood that he has given a teaspoonful of fluid extract of ergot just as the head is about to emerge. By the time he is ready to hand the child over, this dose has commenced to act, and the uterus is contracting firmly on its remaining contents. He now places his hand as he had instructed the nurse to place hers, over the uterus, and make firm pressure mixed with slight friction. After he has done this for a few minutes he instructs the woman to brace her feet against the foot of the bed and make a strong expulsive effort. This should be repeated several times, should it be necessary. Under no circumstances should traction be made on the cord until the placenta has been extruded into the vagina. I attach great value to voluntary expulsive effort of the mother in the removal of the after-birth. It obviates the necessity (if it be a necessity ever) of meddlesomeness on the part of the doctor. Associated with the firm, but gentle kneading pressure indicated, it is, in my opinion, preferable to CREDE'S method—*i. e.*, the squeezing out of the placenta as one squeezes a pit out of a cherry. For several years I have given it the preference and I find that the women prefer it.

The placenta having been removed all is not yet done. There is apt to remain in the uterus blood clots. These must be removed. The contractions of the uterus are not always sufficient to remove them and they remain to decompose, often times, and to cause septicæmia. I am of the opinion that this is the cause of puerperal fever in very many cases. To remove these clots the index and middle fingers should be carried up till the tips touch the fundus. A complete sweep of the cavity should then be made and all loose contents brought away. This act is beneficial not only in bringing these away, but also in stimulating the uterus to that firm contraction which is the best prophylactic of septicæma. When I have succeeded in securing a hard, wooden-like feeling of the uterus I have no apprehensions either of post partum flooding or a child-bed fever. I am of the opinion that the fact that I have never had a case of puerperal fever in my practice, is attributable to this precaution. It may be that this savors of the *post hoc ergo propter hoc*, but I do not think so.

The next thing is to remove the soiled clothing from under the woman, to place under her a folded sheet nicely warmed, and to apply the binder. I am aware that some "naturalists" discard the binder, but I believe it contributes very much to the comfort and well-being of the woman. It should be applied snugly, but not too tightly. More definite suggestions cannot

well be given. Now a warm, dry napkin should be placed snugly up against the vulva. The woman is now cared for, and after the child has been washed it is placed on her arm, and she is left to lie down to pleasant dreams. So mote it always be.

OPHTHALMIA NEONATORUM.*

BY EUGENE SMITH, M. D., PROFESSOR OF OPHTHALMOLOGY AND OTOLOGY, DETROIT COLLEGE OF MEDICINE.

Some time ago this Association was entertained by a paper on the Prevention of Ophthalmo-blennorrhœa, wherein the method of CREDÉ, of Leipsic, was advocated. This method consists in putting the child in the bath as soon as the cord is cut, carefully cleansing the eyes with a linen rag or prepared cotton, then instilling a two-per-cent. solution of nitrate of silver with a glass rod in the conjunctival sac.

While it is generally admitted that in the densely-settled cities of the old world, this disease is the most frequent cause of blindness and that the maternity hospitals have many cases of it, I must say in this country it is comparatively rare, or perhaps I had better say, the percentage of cases is very small, so small, in fact, that I have heard physicians of twenty years' practice, and several of them having large obstetric experience, remark they had never seen but one or two cases. Even ophthalmic specialists, who would be apt to come across many cases, if they existed, see few cases, and a very small percentage of the cases of blindness they see in this part of the country, is due to the purulent ophthalmia of new-born babies.

With regard to the application of a two-per-cent. solution of nitrate of silver to the delicate conjunctival membrane of a new-born baby: will it not produce an inflammation more or less severe? I believe it will. I know that a five-grain solution will do it in the adult, and why not a nine- or ten-grain solution in the infant? Then, too, will it prevent the disease? *Raison d' être* of these remarks: A few weeks since, I was called to see a ten days' old infant with a very severe ophthalmia, purulent in character; father confined to his bed with an attack of orchitis; mother had a very severe vaginitis. The physician, one of our best, and well-read, applied the CREDE method, thinking rightly, that if ever a case existed which called for such treatment this was one. CREDE'S advice was followed, and within a day or two a most beautiful case of ophthalmia neonatorum was developed, as usual, first in one eye and shortly in the other. Did the applications of silver solution cause the disease, or make it worse by causing a severe hyperæmia? To say the least, they did not prevent it, and the severity of the disease caused the partial loss of one eye. Now, as one swallow does not make a summer, so one case of this character does not throw any amount of discredit upon the views of CREDE, but, on general principles, in this country, I question the necessity for the use of a solution of nitrate of silver immediately after birth, or with a view of prophylaxis, and incline to the belief, as before expressed, that its use will tend to create a conjunctivitis. The treatment of the disease when it does appear, however, is a matter which will bear repetition, and seldom are eyes lost when it is faithfully carried out.

No special skill is required, and while the application of the mitigated stick of nitrate of silver is at times appropriate, the use of a five-grain solution of nitrate of silver applied twice a day to the everted lids after gently wiping off the discharge with a bit of linen or cotton cloth, or a little absorbent cotton' is all the treatment required. I do not find it necessary to wash the discharge from the eyelids, nor do I think it advisable. If the edges of the lids and the entire skin of the lids is kept well anointed with some bland unguent, the discharge will ooze through the palpebral fissure and can be gently wiped off with a little absorbent cotton, or a bit of rag, the ointment being immediately reapplied. I look upon this continual anointing of the lids as being almost as important as the application of the silver to the lids. If not done properly the discharge is retained in the conjunctival sac, and more or less pressure and maceration of the epithelial layer of cornea takes place; conditions which favor ulceration of the cornea, and loss of the eye. I find the unguentum petrolei answer the purpose perfectly. The discharge may be gently wiped off as frequently as seems necessary. As the discharge lessens in quantity the strength of the solution of silver may be reduced, and used once a day instead of twice.

219 WEST FORT ST.

* A paper read before the Detroit Medical and Library Association.

HEAT AS AN OXYTOCIC.*

BY J. R. JONES, M. D., LEESVILLE, MICHIGAN.

There was a short article published in the MEDICAL AGE, of August 10th, 1885, entitled, "A New Oxytocic," in which it was claimed by the writer, DR. W. B. ARBERY, that heat, externally applied, had, in his experience, proved to be a most efficient agent for promoting uterine contractions during labor, and he cited several instances in which it had worked charmingly, when other means had failed. To those who have not read the article, I would say, it is worth perusing.

* A paper read before the Detroit Medical and Library Association, September 21, 1885.

Briefly I will relate a case which I attended last week, in which this agent was resorted to, with happy results.

About noon, on Thursday, I was called to a near neighbor in her confinement. I found my patient up. She had had pains all night and morning, but not very strong, but she thought it was now time to have assistance. She was a medium-sized German woman, healthy, and the mother of five children.

Upon examination I found a roomy pelvis, vertex presentation, with head low down. Os well dilated, and everything favorable for a speedy delivery, with one exception—the pains lacked force, in fact, were very feeble; so feeble, that before we got through, I was reminded of the stage manager who announced to his audience that, "The personator of HAMLET was taken sick, but with the omission of that character the play would go on."

I gave her 10 grains of quinine, and told her to send for me when her pains grew stronger, and she felt compelled to lie down. I saw her again at 4 o'clock, but there was very little change in the character of her pains. Gave her another dose of quinine and a cup of strong coffee. At 6 o'clock her pains had more force, but there was no advancement of the labor. I then left her an ounce of fl. ext. corn ergot, directing a large teaspoonful to be taken every hour.

At 10 o'clock I called again, and found her quite comfortable in bed. Her pains had entirely ceased, and she had enjoyed a sleep. Being anxious for a sleep myself, I refrained from interfering with her slumbering uterus, so I left her for the night, expecting, however, to be called before long.

Next morning, at 8 oclock, I found her up. She had slept all night, but the pains had returned about 6 a. m., and had kept up pretty regularly, but, as before, without any force. By this time the os was entirely dilated, but before giving the ergot, I decided to try the effect of heat, and had a poultice of linseed meal applied to the patient's abdomen, as hot as she could bear it. In 15 minutes I had a fresh one to replace that. In less than half an hour from the first application the pains were all that could be desired—regular, frequent and forcible. I then ruptured the membranes, and administered a drachm of SQUIBB'S fl. ext. ergot, but before the latter had time to be effective, she was easily delivered of a vigorous boy that weighed a little over 9½ lbs. The placenta followed immediately, and her after-pains were so severe and continuous, I had to give her an anodyne some hours afterwards. She told me that in her two previous confinements her pains had been weak, and the labors tedious, so that the doctor had to give her lots of medicine. As a rule, I have had good results from quinine and coffee. Although I have had many tedious cases, this was the first one in which I made use of external heat, and I cannot say now, whether the application of the poultices was the cause of, or only co-incident with, the increased vigor of the uterine contractions. Such a harmless remedy can easily be tested in cases where the pains are inefficient, and I shall not wait so long before trying it in the next case of the kind which presents itself.

[OFFICIAL REPORT.]

CHICAGO MEDICAL SOCIETY.

Stated meeting, Oct. 5, 1885, the President, C. T. PARKES, M. D., in the chair.

Intubation of the Larynx; with a report of Five Cases, was the title of a paper read by DR. F. E. WAXHAM. The paper was supplemental to one read before the society on April 20th, in which the operation was minutely described. DR. WAXHAM exhibited a larynx with the tube in situ. He described the manner of performing the operation, as follows: the nurse holding the child in her lap, with the hands at the side, an assistant firmly holding the head backward. The mouth is held open by a gag placed on the left side between the teeth. The tube, armed with a silk bridle, well waxed, is now secured to the introducing instrument. The right hand manipulates the instrument, while the index finger of the left hand guides safely and quickly the tube over the epiglottis into the larynx, when the introducing instrument is removed and the tip of the finger presses the tube well down into the larynx. We make sure the tube is in proper position by the easier breathing, the tube remaining stationery, and by coughing on the patient attempting to swallow water. The bridle of silk is apt to produce violent coughing, and is generally removed. The latest improvements in the tubes consist in an enlargement of the head of the tube with a backward curve, preventing the tube from slipping into the trachea, and allowing the epiglottis to fall during the act of deglutition. There is also an enlargement in the center of the tube, allowing it to be more easily extracted. DR. WAXHAM reported in detail five cases of croup treated by intubation. One case recovered, one case died six days after intubation from pneumonia; the result of unfavorable surroundings. The other cases were not such that recovery could be reasonably expected. DR. WAXHAM then presented the history of the five cases in detail, after which DR. H. T. BYFORD opened the discussion by saying he had the pleasure of seeing the case reported in which there was a complete recovery. In the contrast between this operation and tracheotomy there are many points in favor of intubation, and there are not many cases in which tracheotomy is indicated

that intubation is not, one of its chief advantages being its simplicity. The first case of tracheotomy he had ever performed was a success, and gave him a great deal of encouragement, but the next was such a terrible case, and a failure, that he was discouraged. He had assisted at several tracheotomies, but the difficulties of the operation, the trouble of overcoming the prejudice of the parents against the operation, and the difficulties and bad results following, had caused him to abandon the operation as of little use except in good cases. But when he saw this case, with all the absence of numerous attendants and paraphernalia in the after-treatment, and the comfort and freedom of the patient, he was greatly astonished. The simplicity and safety of the operation and the comfort afterwards, the fact that the consent of the parents can be easily and early obtained, that failure to relieve will not bring discredit upon the physician, and that the tube opens in the throat instead of the external air, leaves no doubt in his mind that intubation, whenever it can be successfully accomplished, will supercede tracheotomy in private practice.

Dr. W. E. Casselberry said he was in constant attendance on one of the cases which terminated unfavorably, but the effect from the operation was such as to convince him of its utility in many cases. In this case the former physicians in attendance had thought the papatient had recovered from diphtheria, but the membrane later invaded the trachea. The young child was *in extremis mortis*, and it was decided tracheotomy would be of no avail, and it was not thought intubation would be much better, but in order to give the child a chance it was done. The child lived twenty-four hours, and its last hours were comparatively comfortable. In this case there was considerable difficulty in the introduction of the tube, and it was a lesson to him that practice in introducing the tube on the cadaver might obviate many difficulties in introducing it on the living subject. In the case of this young child the tube attached to the instrument for introducing it made too short an angle to be easily introduced. The idea suggested itself to have a joint in the introducing instrument so as to be able to easily pass the curve of the pharynx. The tube caused no cough or difficulty in swallowing, and was easily withdrawn A German physician lately states that in 111 cases of tracheotomy under his control, 63 recovered, and an American physician notes 20 cases, of which 9 recovered. It seems from these statistics that tracheotomy is not to be discarded, but we nevertheless will find a large field for intubation of the larynx. Intubation will be preferable in young children not apt to recover from tracheotomy, in diphtheria cases, and in cases when the friends object to tracheotomy.

Dr. R. G. Bogue said: I have happened to have something to do with tracheotomy. While there are a great many inconveniences attending the operation and the care of the patients, subsequently, there certainly has been a good deal to commend in its performance in many cases. The number of recoveries after tracheotomy are not few. The gentleman preceding me referred to statistics showing a larger percentage of recoveries than I had happened to know. But those who have operated a goodly number of times have good reason, from its success, to resort to it in many cases. Intubation is a simple operation compared with tracheotomy, and will recommend itself in many ways, and if it proves to be of equal success in saving life, it should be used in preferance to tracheotomy. Many reasons arise why it should be used. It is not a formidable operation; parents' consent to it can be easily obtained, and the relief obtained by intubation seems as great as in tracheotomy. After each tracheotomy there is a period of rest and quiet and apparent promise of success, for a period of twenty-four to thirty six hours, then an extension of the disease into the deeper air-passages, or some complication destroys the life of the patient. The benefit of intubation with only this alleviation is apparent. It is to be hoped after a more extended trial it will prove to be of as much, if not more, service than tracheotomy, and it will commend itself to the profession.

Dr. G. C. Paoli said Dieffenbach, of Berlin, was the first to use intubation in diphtheria and croup, and a Parisian physician tried it at the time, each without the knowledge of the other's experiments. Dieffenbach used an India-rubber tube, but he as well as the Parisian physician abandoned intubation. This is a different method, it is true, but it can never be recommended until we have statistics from those having great experience, in hospitals especially, to prove it preferable to tracheotomy.

Dr. D. W. Graham commended the report as being an effort in the right direction. It shows that intubation has some merit, as a means of treating obstruction of the larynx, and that it is destined to become at least a partial substitute for tracheotomy in diphtheritic croup. From a theoretical standpoint it would seem that there would be some liability of these tubes causing œdema of the larynx, if retained in place any length of time, on account of the mechanical pressure on the veins of the mucous membrane. Future observation will show whether they are entirely harmless. However, there does not appear to have been any trouble in this respect in the cases reported.

If this method should become established and recognized, as it now promises, it would and ought to be counted as a new procedure, notwithstanding what DR. PAOLI has said about the efforts of the older surgeons to put the same idea into practice, for whatever has been attempted heretofore in this direction has proved fruitless.

DR. WAXHAM, in closing the discussion, in answer to various questions, said the longest time the tube was worn continuously was six days. DR. O'DWYER reports two cases, terminating favorably, in which the tubes had been worn ten days. He never found any œdema of the larynx caused by the wearing of the tube. In very young children it is necessary to remove and cleanse the tube. Older children, if not exhausted by disease, will expectorate freely. The previous attempts at intubation in France were not successful, but they were not according to the methods now employed. TROUSSEAU discouraged intubation, and thus French physicians were influenced against it. The tubes must be thin, but their weight is unimportant. He had never found it necessary to use cocaine in introducing the tube, as this operation is generally easily and quickly done.

Laparotomy in a Case of Gun-shot Wound of the Intestines was the title of a paper read by DR. AUGUSTUS V. PARK. He said: M. S., a butcher-boy, aged 16, of slight stature, formerly in poor but lately in good health, was shot on September 1st, 1885, at 3:30 p. m. A pistol ball, of calibre 22, fired from a distance of forty-five feet, entered the abdomen at a point midway between the symphysis pubis and umbilicus, two inches to the left of the median line. The patient was removed in a farmer's spring wagon from the place where he was shot to his home, a distance of seven miles. A dressing was applied, and at one p.m., the next day, he was taken to the Michael Reese Hospital. The patient arived nearly exhausted; his temperature was 100° F., pulse 130, weak and intermitting. His respirations were 30, his abdomen tympanitic especially high on left side. There was no liver dullness, giving rise to the theory that the liver was crowded upward by extravasated blood. At 1:30 p. m. laparotomy was performed, the incision being made directly over the seat of the wound. We could not find any wound of the peritoneum, or where the ball passed through it. As the peritoneum was opened, decomposed blood rushed through the opening with great force. Blood and blood-clots which quickly formed were removed with sponges; the intestines were drawn out and examined for wounds. The first wound found was an abrasion, the ball not having entered the intestine. There was but little hemorrhage, and the wound was closed by the interrupted cat-gut suture. The second wound, half an inch in diameter, opened directly into the intestine. A small mesenteric artery was found divided and tied. All hemorrhage ceased. The wound was closed by interrupted suture; no further injury could be detected. The abdominal cavity was cleansed with one (1) per cent. solution of carbolic acid; the intestines were washed, carefully examined and returned. The abdominal incision was closed by two sets of sutures, the peritoneal surfaces were approximated and closed by continuous suture.

At 5:30 on the morning after the operation the patient died. Seven hours later an autopsy revealed commencing peritonitis, the small intestines being apparently agglutinated together. A few blood clots and a quantity of extravasated blood were found in tne peritoneal cavity on the left side. A contused wound of the rectum was found near the sigmoid flexure, the ball being deflected from this position into the muscular tissue below, where it was found imbedded. This case justifies the opinion of various eminent surgeons that we cannot tell the direction the bullet takes from the position of the wound of entrance, or exit. From the conditions existing in this case, he was of the opinion the case would have terminated favorably had he been able to perform laparotomy, with antiseptic precautions, immediately after the injury.

DR. F. E. WAXHAM said DR. PARK was enentitled to a great deal of credit for presenting to the Society his paper and the specimen, because it is the report of a case which terminated unfavorably. He thought the chances of the patient would have been better if he had been allowed more quiet. His frequent removals must have loosened the blood clots and increased the hemorrhage and prolonged the shock. If he had recovered he would have thought it almost miraculous, for it is one of the maxims of abdominal surgery to have complete and perfect quietude for the patient.

DR. TILLEY said the study of gun-shot wounds of the abdomen is interesting to every member of the profession, no matter in what particular direction his favorite studies may lead. Any one of us may find himself confronted with the responsibility associated with such cases, when delay in action may be culpable. Relative to the case before us, he should not only not consider a recovery miraculous, but deem the condition associated with it more favorable than, on the average, can be expected. One of the conclusions formulated by our President before the American Medical Association in Washington in 1884 is, in opening the abdomen to look for gun-shot wounds, the incision should be in the median line, regardless of the bullet wound. This procedure certainly facilitates efficient inspection, but in the present case it was ignored. He regretted that the

cause of failure of the operation has not been thrown into stronger relief, and he felt like asking the President, DR. T. C. PARKES, to formulate the lesson he would draw from the failure of this operation. Of course, the case will go on record as one of operation after gunshot wound of the abdomen associated with failure, and will tend to develop hesitation in the mind of the general practitioner about a class of cases which, in his opinion, called for urgent, prompt operating.

DR. BOGUE said there were a few lessons to be learned from this case. One is the advantage which would follow an early operation, before the blood, or fluid in the abdominal cavity, decomposes. An operation should be made before the irritation from this source is severe. Another lesson is the necessity of a thorough exploration of the abdominal cavity for the purpose of discovering and removing any foreign substance which may be in it. It is necessary to control hemorrhage, by opening the abdomen and having free access to every part of it.

DR. J. H. ETHERIDGE said that it will be noticed the pulse-rate was higher after the operation, which lasted two hours. The question arises, if we cannot account for death on the opinion that it was due to the action of the ether on the cardiac nervous system. Was there acute poisoning from ether? Or was death caused by septicæmia? He wished to thank DR. PARK for the report of this case, because it is from the reporting of these unsuccessful cases we obtain the most benefit. He did not believe it would deter any one from doing abdominal surgery, as it had already taken such a rank that the report of one unsuccessful case would not intimidate any surgeon, but enable him to steer clear of difficulties others may have encountered.

The President said: Your chairman feels somewhat diffident about making any remarks, because his experience in connection with gunshot wounds of the abdomen were solely in connection with the results of experiments upon the lower animals.

There is one fact demonstrated by this case, and it stands out in all the cases, of which I know, operated upon man, which corroborates the results of the experiments made by myself, and that is, free incision through the median line of the abdomen, without any reference to the course of the bullet, as the best way to get at the injury so as to determine its extent, and to apply the means of repair as well as to secure a clean abdomen. Another item mentioned in the case is the one that blood flowed freely from the bullet wound while the patient was in the erect position and ceased when he was recumbent. As the bullet passed through parts of little vascularity, this item points to the wounding of some large vessel internally (as was found), and becomes a point of value in the question of perforation. This question of perforation is no easy one to settle positively, even in the best of hands. I am inclined to agree with DR. WAXHAM in the opinion that it was not the best plan to remove the patient from his home before operating, notwithstanding his bad surroundings. We must take into consideration the fact that his patient was accustomed to his surroundings, and far less likely to be harmfully affected by them than by the danger incidental to the jolting movements of removal.

Some of the accidents of the case I am sure would have been avoided by obeying the rule of open incision in the median line. Post mortem showed considerable old blood in the cavity; this would have been found and removed. The paper states no extravasation of bowel contents was noticed; the non-existance of such condition has doubt thrown upon it by the condition found in post mortem. The wound in the rectum would have been discovered, and the action of the bowel displayed shows an untouched perforation of its walls; probably the wound of entrance of the bullet. The exit wound is sewed up.

The manner of closing the external incision as well as the bowel wounds should be such as to save time in the operation, by using the continuous cat-gut suture for small bowel wounds and single through and through suture of the abdominal incision. It is pure waste of time to unite the latter in layers.

It is a matter of some pride and great pleasure to know that the principles enunciated by me as results of experiments on the lower animals (especially as they are ridiculed by some) have so recently been put to a severe but successful application upon the human body. DR. BULL, of New York, had a successful case of nine perforations, and DR. J. B. HAMILTON, of Washington, D. C., also a successful case with eleven perforations.

In DR. HAMILTON'S case, the only bad happening arose from the formation of a blood tumor—probably, as DR. HAMILTON says, forming from a grazed surface, the bleeding from which could not be controlled. This was subsequently opened through the rectum and the patient recovered. But it is interesting to notice that the patient was in greater danger of his life from this mass of blood than from the wounds in the intestines after they had been closed. It shows also how necessary it is to prevent bleeding by securing, if possible, all bleeding points.

After the pathological specimen was examined the Society adjourned.

Extract of sweet pea is the homœopathic remedy for diabetes.

MICHIGAN STATE BOARD OF HEALTH.

At the regular quarterly meeting of the Michigan State Board of Health, held in Lansing, October 13, 1885, the following members were present: JOHN AVERY, M.D., of Greenville; J. H. KELLOGG, M.D., of Battle Creek; ARTHUR HAZLEWOOD, M.D., of Grand Rapids; HENRY F. LYSTER, M. D., of Detroit, and HENRY B. BAKER, M.D., Secretary.

In his report of work during the quarter, the secretary stated that pamphlets had been prepared and printed, by order of the Board, as follows:—"The Prevention of the Introduction of Communicable Diseases," 10,000 copies; "Permits for the Removal of Sick Persons or Infected Articles," 2,000 copies; "Prevention and Restriction of Cholera," 20,000 copies; "Names and Addresses of Health Officers in Michigan for the years 1885-86," 1,600 copies; and "Rules for the Health Inspection of Immigrants and Travelers," 500 copies. Besides the general distribution of a large number of documents to local health officers, clerks of townships and villages, and sanitarians, there had been sent out during the quarter about 8,000 copies of documents relating to the restriction and prevention of communicable diseases for distribution to neighbors of families in which such diseases were known or believed to be present.

The secretary gave the details, as far as known, of the disinterring near LeRoy, Osceola county, without authority, of a body dead about one year from small-pox, and its removal to Sparta Center. The office had warned all health officers along the route and at either terminus, to promptly vaccinate all who had been exposed by this disinterring, reinterring, or carriage, and to isolate the parties or place under surveillance until danger of spreading small-pox was over.

There is complaint of bad odors and nuisances arising from corpses transported in Michigan. The Secretary instanced the case of the body of a woman recently taken from Hersey to Albion. Besides this undoubted nuisance, the body was suspected (although it cannot be proved) of conveying diphtheria to two young women of Albion who died of that disease. Corpses are usually carried with baggage under them or piled upon them, and it is claimed that the fluids not infrequently run out of the boxes and across the baggage car. It seems desirable that there should be greater uniformity and care in packing bodies for transportation, even in cases where no contagious disease is suspected. In this connection, the secretary reported that, by invitation, he attended, Sept. 16, in Lansing, a meeting of the Michigan Association of General Baggage Agents, and took part in the discussion of the subject of the meeting, "Transportation of Dead Bodies." At that meeting, a committee was appointed to draft "rules" for the guidance of agents of railroad companies in the transportation of dead bodies. The chairman of that committee, Mr. H. P. DEARING, the General Baggage Agent of the Michigan Central Railroad, appeared before the Board, and presented the rules as adopted by the committee. He said the design was to make a set of rules that would meet the views of the several State Boards of Health, and be adopted by all the great lines of railroads in the United States, so there shall be uniformity of practice, and thus better protect the lives of railroad employees and of travelers. Rule 1 absolutely prohibits the transportation of bodies dead from small-pox, Asiatic cholera, typhus fever, and yellow fever. Rule 2 provides that all other dead bodies may be transported, provided they are encased in an antiseptic interment sack, hermetically sealed, in addition to being in a coffin and this in a tight wooden box, except those dead of diphtheria, scarlet fever, typhoid fever, erysipelas, measles, or other contagious and infectious diseases, which must be wrapped in a sheet thoroughly saturated with a strong solution of chloride of zinc—one-half pound of chloride of zinc to a gallon of water, before being encased in the hermetically-sealed sack. The coffin must be surrounded by sawdust saturated with a solution of chloride of zinc the same strength as stated above. Rule 3, specifies that no person or article that has been exposed to the infection may accompany the body. Rule 4, provides that some one must accompany the body; and forms of certificates are given. After discussion of the subject, the Board approved the rules.

The Secretary states that he had been consulted, and had given advice in regard to the water-supply of Hillsdale; but he had not learned that the advice had been acted upon; also that, while the inspection of travelers to keep out small-pox was under the direction of the United States government, he passed through it in coming from Canada to Michigan, and examined somewhat in detail the methods employed. Since the Board took charge of the inspection, he had visited Detroit and consulted with reference to the inspection, and he had suggestions to make for its improvement. He also stated that small-pox is reported to have spread from Montreal to many cities and villages in Canada, and also to Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, New York, and Illinois. Michigan, the most exposed of any State, has so far escaped, no authentic report of a case having been received. Many pieces of baggage from Montreal have been disinfected by the inspectors at Port Huron and Detroit, and one convalescent from small-pox has been stopped at Port Huron for disinfection of all material liable to spread the disease.

The subject of the inspection against small-pox was considered by the Board. It was decided that the rules in regard to disinfection of articles from an infected district apply to freight and cars and freight from infected districts arriving by boat, consigned to places in Michigan. A rule was made that that no pas senger car from Montreal or other infected district shall be allowed to enter the State without being properly disinfected. The Board decided to appoint one additional inspector at Port Huron, and two at Detroit. It was also decided to appoint two assistant inspectors at Detroit, to act in case of necessity because of the inability of the regular inspectors, but that no extra expense should be incurred on account of them. MORTIMER WILLSON, M. D., of Port Huron, was appointed additional inspector at that place.

The Secretary was directed to get into communication with as many lumbering camps in Michigan as possible; to send them pamphlets giving best methods for the restriction and prevention of small-pox by vaccination, isolation, and disinfection, to urge the importance of the vaccination of the employees, and to assist them in procuring virus. It was also suggested as advisable that lumbering contractors should not employ unvaccinated persons. A resolution was passed to the effect that, in view of the fact that small-pox is now prevalent in towns and cities in Canada in direct communication with this state, all health authorities be requested to encourage vaccination of citizens in their respective townships, cities and villages. A letter from DR. A. E. BACON, health officer of Sault Ste. Marie, was read, in which he states the exposed condition of that village to small-pox. The Board decided that the appropriation would not warrant the payment of inspectors outside of Detroit and Port Huron, but, in order to coöperate with the local board so far as possible, authorized the health officer of Sault Ste. Marie to act as inspector under the State Board without pay from the State.

DR. ARTHUR HAZLEWOOD, chairman of the committee appointed July 13, 1885, to investigate the office of the Board and the Secretary, presented the written repart of the committee. He and the other two members of the committee had examined the work of the office, and the report of the Legislative committee on investigation; and he himself had made an unexpected visit to the office, and devoted some time to a thorough investigation; the report showed how all expenses growing out of the Board were directly authorized by law and were reasonable; and expressed the confidence of the committee in the faithfulness of the Secretary of the Board to the public-health interests of the State. The report was adopted.

The present year has been a particularly trying one for the office of the Secretary of the Board. Early in the year, at a time when active work was needed, he was harrassed by false reports of investigations, and extraordinary demands upon the office have since been continuous, because of the fearful plagues of cholera in Europe, and small-pox in Canada, besides the increasing demands by local boards of health and others throughout the State for aid in efforts to control the prevailing diseases most destructive in Michigan—diphtheria, scarlet fever, and typhoid fever. However, in addition to such work, arrangements have been made and two sanitary conventions have been held—the one at Ypsilanti having been especially successful; and the State inspection of travel to keep out small-pox has been established. Sickness in Michigan has been much less than in former years.

The next regular meeting of the Board will be on the second Tuesday in January, 1886.

Correspondence.

YELLOW OXIDE OF MERCURY IN DYSPEPSIA DUE TO CHRONIC HEPATITIS.

I have a clinical case under treatment which induced me to try tablets of yellow oxide of mercury (P., D. & Co.'s), and as the result has been very satisfactory, I hasten to make a note of it for the benefit of the medical profession.

A lady, 35 years of age, called on me complaining of periodical pains about the epigastrium and a pronounced sensitiveness in the right hypochondrium, with erratic uneasiness in her shoulder. Symptoms of jaundice were well marked; tongue coated; temperature and pulse normal. On percussion I detected an enlargement of the liver, the encroachment of which on the thorax gave rise to irregular respiration and fatigue. Digestive troubles were present in the form of dyspepsia. I did not hesitate to make a diagnosis of chronic hepatitis, with dyspeptic complications.

It occurred to me to try the tablets of yellow oxide of mercury, and after 15 days' use of them, I am gratified to learn that my patient complains neither of suffocation nor of gastric disorders, and now by a thorough palpation I discover that the hepatic enlargement has so diminished that the liver has almost regained its natural size.

E. A. FRIMONT, M. D.

OZULUAMA, MEXICO.

The Columbus Medical Journal gives the following as a new beatitude: "Blessed are the poor in spirit, for they shall hold the offices"—in Washington, in 1887, we suppose.

The Medical Age.

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JOHN J. MULHERON, M. D., Editor.

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Editorial.

MEDICAL SOCIETIES.

Human affairs are so constituted, that associated action is a condition of success in any particular direction. It requires a genius cast in other than the ordinary mould, to achieve success by his own unaided effort. Such an one has occasionally appeared, but in the differentiation of labor which is becoming more and more characteristic of modern life, such appearances are becoming more and more infrequent. It is the rule that when a man withdraws himself from the association of those whose tastes and efforts are in the same line as his, he becomes either crystallized, or enters upon his decadence. Such association is profitable both as a direct aid and as a stimulus. In the multitude of counsel there is wisdom.

These generalizations are given peculiar point when applied to medical societies. The medical society is an essential to the success not only of the individual members who comprise it, but also to that of medical science itself. It is an outgrowth of the necessities of these later days, and its condition, of vigor or decrepitude, is an index to the character and efficiency of the profession of the community in which it is found. Its non-existence argues the lowest possible ebb of professional worth, in any community in which the periodical meeting of the physicians of which, is not practically impossible. A by no means very limited acquaintance with the profession in several sections of the country fully justifies these assertions. It is, moreover, a fact that the leaders of the profession, and, indeed, the busiest practitioners, are, with exceedingly rare exceptions, the most regular in their attendance on the meetings of their local societies. The excuse of lack of time for these things comes only from those who, if honest in their excuse, are floundering along without system in their work. Some (too many) men are putterers, and though apparently constantly employed, do comparatively little work. When the plea of lack of time to attend society meetings is honestly made, it will, almost invariably, be found to be made by one of these putterers, who, through lack of system in his work, is frittering away precious time which his best interests demand should be devoted either to wholesome recreation or such other self-improvement as would be reflected for the benefit of his clientele. It is astounding, and, indeed, when viewed from a higher standpoint, positively appalling, to know the vast amount of time which is frittered away by the men who have "no time" to devote to such work as makes the physician a truly professional man and not a mere mechanical sort of a routinist, who goes about making visits, feeling pulses, looking at tongues, and writing prescriptions at so much apiece. The examples of SIR JAMES Y. SIMPSON and SAMUEL D. GROSS, among the most voluminous writers and busiest practitioners in their day, and withal very punctual in their attendance on the meetings of their local medical societies, are a fitting rebuke to the men who seldom or never write a line for publication, and whose time is so completely absorbed by a practice of two or three thousand dollars a year, as to prevent their attendance at medical society meetings. When we hear a man of this kind make his stereotyped excuse of lack of time, we had much rather believe he lies than that he tells the truth. Our respect for him would be much greater, on the same principle that our contempt is aroused for the man who, while incessantly boasting of the size of his practice, and the revenue therefrom, is execution proof and leaves his honest debts unpaid. We had much rather believe that these boasters lie, than that they tell the truth.

The value of the medical society being conceded, there are certain conditions necessary to its greatest success. Regular and punctual attendance is, of course, one of these. The member should regard it as his duty to be on hand at each meeting—a duty which only an urgent professional call could cause him to neglect.

A second condition is some previous thought on the subject announced for discussion. One of the greatest bores we know of is to be obliged to listen to the impromptu discussion of a medical paper. Doctors are not all orators as Brutus was, and spontaneous, extempore efforts in the way of rhetoric are seldom attended with great success in a medical meeting. The paper to be discussed should in the first place be one embodying ideas, and it should be printed and proof sheets sent to those before whom it is proposed to read it. This would give them time for the weighing of those ideas, and for the formulation of any criticisms or comments thereon. Were this rule adopted the minutes of the medical society meeting would be, instead of as they now for the most part are, profitable and interesting reading to the medical journal reader.

Much of the success of the medical society depends on the efficiency and general acceptability of its officers. Its secretary should be at least a competent English scholar, and should have the ability to arrange in consecutive order and to clothe in fitting language, the ideas to which the members essay to give expression. A competent secretary of this kind should be given much license in writing up his reports. A secretary who has been found not to have the requisite ability should, regardless of his efficiency in other directions, be convinced that he can serve the society much better in some other capacity. The right kind of a secretary can not always be picked up by random choice. It sometimes takes years to discover such a one, but the society should keep on changing until the right one has been found, and when it finds him it should make it an object for him to continue in the office. After the novelty of the position has worn off, it will require money to keep a good secretary in his position. This novelty usually wears off in about a year.

The president of the society must be the uninfluenced choice of the members, and the decadence of the society's usefulness is usually found to date from the time that the methods of the ward politician are resorted to in the choice of its officers. When a member seeks to raise himself to the presidency of his medical society by soliciting the suffrages of his fellow members to that end, he elevates himself on a ruin of the original fabric. Emphatically the presidency of a medical society should be a spontaneous expression of the fitness of the incumbent for the position. The office in this case should seek the man. The man who resorts to a personal canvass to secure it is by that very act unfitted for it, and the success of his efforts is at the expense of the society. The office must never be suffered to be utilized as an advertisement for any unscrupulous member. This is a rock on which societies have split, and on which they will continue to split.

There are some other essentials to a successful medical society, but we shall reserve a reference to them for a future number.

A CONSIDERATION OF THE CLASSIFICATION OF FUNCTIONAL NEUROSES OF THE THROAT AND NOSE.

Functional neuroses of the larynx, the nasopharynx, and œsophagus are, in some phases, constantly coming under the observation of all members of the profession, but particularly of the laryngologist, and, in the absence of other marked apparent explanation of the cause, are most frequently classed as hysterical, this being nearly invariably the diagnosis when the condition is noticed in women, and especially if they are not far removed from the age of puberty or are subject to some menstrual disorder.

That a considerable proportion of these cases are properly attributed to hysteria cannot be questioned, but that those in which the symptoms have appeared as the result of exhaustion of the nervous system from over-work or mental worry, *i. e.*, from neurasthenia, or where the functional activity of the nervous system is lowered from anæmia, should be so designated, as is not uncommon, appears to be wrong, for in hysteria there has usually been freedom from both physical and mental strain preceding the development of the symptoms, the nervous system is more often in an exalted rather than in a depressed condition, and anæmia is rather rare. Therefore marked interest attaches to an article which appears in the October number of the American Journal of the Medical Sciences, by Dr. H. Clinton McSherry, in which he defines as clearly as possible and reduces to more restricted limits the proper use of the term "hysterical loss of voice," "hysterical spasm," "hysterical paralysis," etc., and in addition considers briefly the other forms of functional neuroses which affect the throat and nose. From this something may be gained in the treatment of these troubles, which are sometimes intractable because they are diagnosticated hysterical in nature, from a want of acumen in searching out the real cause.

THE THERAPEUTIC USE OF IODOFORM COLLODION, ESPECIALLY IN NEURALGIAS.

Dr. William Browning, of Brooklyn, in the October number of the American Journal of Medical Sciences, gives his experiment with this remedy for external application, together with notes on the preparation itself, and a brief study of its action. The strength usually employed is one part of iodoform to 15 of collodion. A half ounce is usually sufficient for any ordinary single application. Dr. Browning has found it most effective when painted on in very thick layers, which may be conveniently done with the usual camel's-hair brush. As soon as one coating becomes a little firm another is applied, and so on until it appears to have an average thickness of ½ mm. In the neuralgic cases a cure, when effected, was usually accomplished with one or two applications.

The class of troubles found most amenable to this treatment was narrowly localized neuralgias, especially when corresponding to some particular nerve and not dependent on any demonstrable lesion. In fact, if a neuralgia, or what is thought to be one, proves intractable to this means, we should doubt its being a purely functional affection, and look carefully for some tangible cause. It is thus a certain diagnostic, as well as a therapeutic, value.

Several times its complete or partial failure has led to a more searching and successful examination. Even in such cases much temporary relief is often afforded.

Supraorbital neuralgias, even of malarial origin, particularly if the miasmatic infection dates back some time, seems quite amenable to this treatment. Of course it is not recommended as a substitute for quinine here, but only as an adjuvant where the latter fails or acts too slowly.

THE USE OF STRYCHNINE IN NERVOUS DISEASE.

DR. LANDON CARTER GRAY, in the October number of the American Journal of the Medical Sciences, reports five cases which, as far as they go, demonstrate that strychnine was not well borne by two cases of severe acute myelitis, or by two subacute cases of mild poliomyelitis anterior; that gr $\frac{1}{25}$, continued for four days in a case of transverse myelitis with early extension to the lateral columns, given three months after onset, suddenly induced alarming toxic symptoms; that one chronic case of general myelitis of traumatic origin was greatly benefitted, as was also a case of general myelitis in which the onset had been gradual; that in five cases of progressive muscular atrophy it acted as a remarkable stimulant; that, as DR. WEIR MITCHELL had indicated, it was decidedly beneficial in cases of neurasthenia, which, after being treated by some eight or ten weeks of rest and forced feeding, were taken out of bed, although it failed to agree with three cases of neurasthenia treated in the ordinary way.

Translations.

NEW REMEDIES.*

[*Continued from page* 448.]

Grindelia Robusta.—This drug is said to act favorably in asthma, and to have expectorant properties. Without expecting much from it, I used it in a case of asthma, against which quebracho was entirely ineffectual, and iodide potash gave only passing relief. As the patient did not live in Basel where I might have closely watched the effect of the drug given alone, I combined with it iodide of potash (extract grindelia 30.0, iodide potash 20.0, distilled water 150.0, syrup orange peel 50.0; a teaspoonful three times a day) in order, in case of non-success with it, to at least secure the temporary action of iodide potash. The combination did not cure the asthma, but it produced for a long time, such very marked improvement, as to cause me to use the grindelia robusta in similar cases, in doses of from 2 to 4 grammes every three hours.

The last preparation, of which I now desire to speak, is a narcotic, namely, the bark of the root of

Piscidia Erythrina, a leguminosa, known in the West Indies and Florida under the name of Jamaica dogwood. The narcotic properties of this plant have long been known, and have been mentioned as early as 1722, in a book published by the dominican monk, JEAN BAPTISTE LABAT, under the title, "Nouveau Voyage aux Isles de l'Amérique contenant l'Histoire Naturelle de ce Pays." He states that with the "bois ivrant" the natives poison their arrows; that animals wounded with these arrows fall as if dead, but that they can be eaten without detriment. (KOBERT Jahresberichte, 1884.) The tree, which grows on the shores of rivers, especially in the east part of the island of St. Vincent, is particularly known to benumb fish after the same manner, as from time to time the cocklesgrain has been used by us, with the difference, that fish killed with the latter are considered poisonous, while fish after being benumbed with piscidia suffer neither in taste nor in wholesomeness. The manner of employing the piscidia is to place baskets or sacks filled with the bark, in the water. Jamaica dogwood is also said to have been used by the natives of the Antilles, as a pain-subduing remedy. They call it mulungu, or murungu. According to my best information, HAMILTON was the first to recommend the remedy, calling attention, in the Pharmaceutical Journal, in 1844, to its narcotic properties. HAMILTON himself used it in toothache, employing a tincture made from the plant, and fell into a pleasant narcosis, from which he awoke without any evil effects. Later on he succeeded in relieving the pain by placing little plugs of cotton moistened with the tincture, into the tooth. He afterwards used the remedy to quiet insane patients. Quite recently, DR. WINTERBURN reports trials of piscidia both upon himself and on others, as well as on animals, in numerous experiments, according to which, piscidia must be considered a decided narcotic, somewhat similar to codeine, or haschisch. According to WINTERBURN, the stage of excitement is often strongly marked; thus, the activity of the brain is first increased, and inclination and readiness to work follows. Only little relaxation takes place, accompanied by pains in the temples and ears, dryness in the mouth, and burning in the eyes; an itching in the nape of the neck, erections and a feeling of pressure upon the breast, with short breathing, and even opisthotonos, have also been observed. Finally, all these effects end in a quiet sleep. The tetanic symptoms are most marked in animals. The narcotic action and decrease of sensibility, dilatation of the pupil, and general torpor, oc-

curring most frequently in the human being. According to A. C. NAGLE, death is said to occur in warm-blooded animals through paralysis of the respiratory centre. The active principle has been named piscidin. Under this name there is a glucoside as well as an alkaloid, the formula of the latter being $C_{29}H_{24}O_8$. It forms colorless 6-sided prisms, and is insoluble in water. The latter represents, no doubt, the narcotic principles of piscidia. In the year 1884 more than a dozen publications appeared, some of which commended the drug while others reported no success with the remedy. LANDOUSKI especially recommends it. He prefers it in the treatment of the insane. SEIFERT recommends it in the treatment of phthisis, in cases wnich through continual use of morphine, have become accustomed to that narcotic. SENATOR found it effectual in migraine. American physicians praise the preparation for many uses, and good success in this country has been reported by O. BERGER, PRIBRAM, KOBERT and others.

Referring now to my own experience, I have had very good success with piscidia in several cases. Thus in the case of a lady who was nervously excited to a high degree, and for whom sleep could be procured only after doses of from 8 to 10 grammes of paraldehyde, morphine or chloral being ineffectual, piscidia in doses of only 30 drops of the fluid extract caused quiet nights. Also in neuralgia, especially in one of the most obstinate cases of gastralgia in which narcotics gave negative results, piscidia caused considerable improvement, lasting for several weeks. In a case of trigeminal neuralgia (tic douloureux) of the severest kind, fluid extract piscidia effected such considerable improvement that the patient was able to omit the hypodermics of morphine, which he had used for several months. In other cases in which I have given it, the results have either not been brought to my notice or the remedy has given no results. I could not observe such symptoms of excitability as WINTERBURN reported. I would recommend teaspoonful doses of fluid extract or 0.5 (gr. vijss) gramme of the solid extract. For piscidin the dose must be fixed through experiments on animals. DR. SEIFERT gave to his phthisical patients 0.25 to 0.5 of the dry extract, and in numerous cases he obtained good results. If we were, therefore, to give a *resumé* of our opinion of piscidia we should state that we have in the remedy a pretty reliable, and in so far as we have yet learned, harmless narcotic, which is well tolerated by the stomach. The remedy is excelled by morphine and chloral as far as surety of effect is concerned, but for cases where a narcotic must be given for a long time, it is a valuable substitute for these more insidious drugs.

[From the Berliner Klinische Wochenschrift, Aug. 31, 1885.]

COCAINUM MURIATICUM IN SEASICKNESS.

DR. M. MANASSEIM, St. Petersburg: Observations more recently published have proved the favorable effect of hydrochlorate of cocaine in the vomiting of pregnancy. This suggested to me the use of this remedy in seasickness, and as I had a long sea voyage before me I concluded to make some experiments with it. In the company in which I journeyed there were two persons (a man and woman) who were known to be peculiarly susceptible to sea-sickness. I gave them as a prophylactic, a teaspoonful every two or three hours of the following:

℞ Cocaini muriatici, 0.15.
Spirits vini rect., q. s. ad. sol.
Aquæ destil, 150.0.

I began with these doses at once on the commencement of the sea-voyage, and though we had, during the first 48 hours, very stormy weather, these two persons, for the first time in their lives, were free from sea-sickness, and during the whole voyage enjoyed a splendid appetite.

In the case of a child of six years who had slept quietly during the whole night during the storm, and who on waking became seasick, I succeeded in half an hour in removing by means of cocaine all nausea and inclination to vomit, and in spite of the storm the child played cheerfully during the whole day. I gave it a teaspoonful of cocaine solution during the first half hour (in two doses) then half a teaspoonful every three hours.

A young lady of eighteen years had been sea-sick for twenty-four hours, when I began to give her cocaine. As this was a severe case I decided to increase the dose, and gave double quantities every half hour. The effect was really marvelous. After the second dose the patient could occupy a half-sitting position. After the sixth spoonful she could chat and joke, and began to complain of being hungry. During the rest of the voyage she remained well, though the ship was tossed about considerably by the waves. In three milder cases of sea-sickness the remedy proved equally effectual.

I regret that my supply of cocaine was not large enough to allow more observations to be made. However, from the seven cases above mentioned I am convinced that we have in muriate of cocaine, a sure and harmless remedy against sea-sickness.

Finally, I wish to mention two cases of cholera nostras in which cocainum muriate proved beneficial. Both cases were severe and showed threatening symptoms of collapse. The inclination to vomit was so marked that it

seemed impossible to give the remedies internally. An ice-bag placed upon the region of the medulla oblongata made it possible for me to give a few doses of cocaine internally, and I was agreeably surprised to see how promptly the severe and uninterrupted vomiting stopped, and how the alarming symptoms of collapse gradually disappeared. The general condition of the patient improved visibly under the continued use of cocaine muriate and both cases recovered. For the rest, the treatment consisted in using warm compresses upon the abdomen, diffusive stimulants internally and disinfectant enemata, with naphthalin twice daily.

Of course the above observations are not sufficiently numerous to perfectly establish the action of the cocaine but the effects were so marked that I believe I am justified in considering the remedy worthy of a trial not only in cases of cholera nostras, but also in all cases of genuine Asiatic cholera.

[From the Deutsche Medicinal Zeitung, Aug. 24th, 1885.]

ON THE ACTION OF CASCARA SAGRADA UPON THE SECRETION OF DIGESTIVE JUICES.

Preliminary communication, by M. TSCHELZOFF, of the clinic of PROF. BOTKIN, at St. Petersburg: Experiments on dogs proved that cascara sagrada cannot be used as a quickly-acting laxative; that rapid and copious evacuations can only be obtained with difficulty, and through introduction of large quantities of the remedy (25 to 30 centimetres of fluid extract cascara sagrada) into the stomach. The introduction of the remedy into the stomach does not cause an increase of secretion of saliva, but increases the secretion of gastric juice, increases the secretion of the juice of the abdominal glands, and excites the secretion of bile. The remedy was experimented with in the doses usually given to patients. The fluid extract cascara sagrada directly introduced into the circulation, proved a by no means inactive remedy. The general well-being of the animals was strongly affected; they recuperated only slowly, and sometimes they perished. The blood-pressure quickly decreased, not only in dogs in normal condition, but also in animals with severed vagus. This, however, never occurred upon the introduction of the remedy into the stomach or under the skin.

[From Comptes Rendus de l' Académie des Sciences, July 13th, 1885.]

JEQUIRITY.

MESSRS. J. BECHAMP and A. DUJARDIN address a note on the microzymes of jequirity, in which they claim: 1st. That the microzymes isolated from the grains of jequirity possess the phlogistic activity of the beans. 2d. That, like them, they liquefy starch. 3d. That by evolution they may become bacteria. 4th. That by intravenous injection they cause death, and the same disorders as the infusion of the bean. 5th. That the filtered infusion of jequirity loses its activity through contact with the air.

The jequirity microzymes possess identically the same chemical and phlogistic activity as the bean, even as the pancreatic microzymes possess the properties of the pancreas. The jequirity microzymes, like those of other organisms, can undergo bacteria evolution. The activity of the maceration is not due to microbes that come from the air. When active bacteria are found, they are, without doubt, caused by those which came originally through evolution of the jequirity microzymes.

[From the Deutsche Medicinal Zeitung, Aug. 3d, 1885.]

EUPHORBIA PILULIFERA, ITS USE IN ASTHMA.

MARSSET (Bull. Gen. de Therapeut., 5, 1885), who has carefully experimented with this drug, and has made examinations on animals, in order to fix its physiological and therapeutic effects, finds the active principle soluble both in water and in dilute alcohol. The remedy, in small doses, acts poisonously on animals, death occurring through paralysis of the respiratory and circulatory centres, after the respiratory movements and the heart-action had been at first accelerated. The remedy possesses no accumulative action. It acts as an irritant upon the mucous membrane of the stomach, and it seems to be eliminated through the liver. Its application is found beneficial in attacks of dyspnœa caused by asthma, emphysema, and chronic bronchitis. It is used in daily doses representing about a drachm of the dry plant, administered in ample aqueous vehicle, and is best given at the beginning of meals. Of the hydro-alcoholic, or of the aqueous extract, the daily dose is 0.1. DUJARDIN-BEAUMETZ uses a tincture, one gramme of which represents about 5 grammes of plant, and of this tincture he gives from 10 to 30 drops.

Texas Siftings tells of a learned physician who satisfied the curiosity of a patient who wanted to know what dyspepsia comes from, by telling him that it came from the Greek. It isn't often that etymology comes thus opportunely to the relief of the distracted doctor.

Notes.

The cars on an incoming train to this city were filled to overflowing and a man who got on at a small station walked their whole length without being able to find more than one vacant seat. This was part of a whole seat on which a single passenger was stretched at length. After standing for a time by this seat and observing no inclination on the part of the occupant to share it with him, he indignantly exclaimed, "You are an infernal hog, sir." "You call me a hog, sir," retorted the other, who was instantly on his feet and in fighting posture, "I'll knock the top of your idiotic head clear across the country, sir." A fight was imminent when the conductor opportunely appeared on the scene. "Hold on, doctor, what's the matter?" shouted the ticket-puncher. "Doctor?" queried the man from the small station, "Are you a doctor?" "Yes, sir." "Why, so am I." "Good gracious, is that so," and they exchanged cards and shook hands. "Why, of course you can have half my seat—all of it—the whole car." "Oh, no, no, doctor! I wouldn't disturb you for the world." "But, doctor, I insist." "Well, doctor, if you insist, why I'll be glad to sit with you." "Of course, doctor." And the reporter of the Free Press, who witnessed the affair, says the two doctors sat down together in one seat, and were so soft and tender and loving, that tears sprung to the eyes of every passenger.

There are rumors of another medical college in Detroit, in the near future, and this in spite of the arguments which were employed to effect the amalgamation of the two schools which existed last year, into the one which holds the boards this season. The quandam schools numbered nearly 40 attachés, and all of these, who so desired, have been taken into the new organization. But notwithstanding this comprehensive liberality it appears that beneath a placid local professional surface all is not smoothness and serenity. To employ a nautical metaphor, there are outside of the crew which sails the catamaran, a number of veteran seamen in this city, who, it is reported, are anxious to win further laurels, and they are moving to build another craft in which to do it. They argue that the main is quite broad enough for two goodly ships, and they are willing to make the venture. One truly good veteran, noted for his piety, maintains, however, that there are not enough doctors in this city, not already engaged in teaching who have the necessary financial weight, educational requirements, and moral rectitude, to the equipment of a new school. As a faithful reporter, we attempt merely to chronicle what we hear, and have no personal opinion to submit.

A very competent physician of this city, who has given especial attention to microscopy, and who has been doing much gratuitous work for his fellow-practitioners, in the way of examining specimens for them, announces that these demands on his time make it necessary for him to exact fees for such work in future. He accordingly submits a schedule of rates for various examinations. His prices are very modest, with one single exception: the fee for urinal examination. This he fixes at from $3 to $5. In our opinion this price is extortionate and out of all proportion to the value of the work. Even the plumber, whose high prices have passed into a proverb, would make such an examination for much less money. And besides people haven't got into the way of hiring a doctor to examine their urinals yet. They haven't been educated up to that refinement of sanitary science, although, of course, it is a consummation devoutly to be wished. If the doctor in question had fixed his fees at from $3.00 to $5.00 for making urinary examinations, we should have commended his card to the consideration of our readers. As it is, he must reduce his fee very considerably before we employ him to examine our urinal. We'll examine it ourself before we pay any such prices.

The Deutsche Medizinal Zeitung has an anecdote illustrative of the native simplicity of the German peasant. A doctor was called in by the mother of a young man who was betrothed to a fraulein of his native burg, to consult him touching a defect which the young woman had discovered in her future husband. The doctor, on making an examination, found the trouble to be congenital phimosis, and advised circumcision. He sought to remove the objection to the cutting by stating that it was a universal practice among the Jews, but as there were no Jews in that vicinity whom he could refer to as a convincing argument against the supposed danger of the procedure, he failed to get the consent of the mother to the operation. He then attempted to explain how the thing was done. Just as he had demonstrated the *modus operandi*, by making an imaginary amputation of the prepuce, the future wife, who had been a concealed but interested listener and spectator, rushed on him like a fury. "No sir," she emphatically declared, "you shall cut off nothing." As she was such an interested party, the doctor deemed discretion the better part of valor, and beat a hasty retreat.

A Montreal practitioner, who is a rabid anti-vaccinationist, and whose writings and speeches have had much to do with stirring up and keeping alive the opposition to vaccination among the French Canadians, recently had occasion to leave that city by rail. He was ap-

proached by the medical inspector who demanded to see his arm, but sought to escape examination by an appeal to professional courtesy. His plea was, however, unsuccessful and on baring his arm not only were the scars of old vaccinations discovered, but also the evidences of recent attempts. There ought to be some means of punishing such mountebanks. The antivaccinationist who himself refuses to submit to the operation commands respect for his honesty, even though his ignorance does excite contempt, but he who while publicly denouncing vaccination privately submits to it himself, is a criminal who should be held to strict account.

A movement is being sought to be placed on foot for the formation of a new National Medical Association. Its inaugurators propose that the new body be limited as to the number of its members, and that something more than membership in a county society be a qualification for membership in it. It is furthermore proposed to make it a scientific body, pure and simple, into which medical politics and the question of ethics shall not enter. There is room for such an association, but its formation need not be looked upon as antagonistic to the American Medical Association. The latter body is admirably adapted to the performance of its peculiar work.

DR. A.W. HAMILTON combats, in the Indiana Medical Journal, the general belief that the majority of births occur during the night. "As the seed is usually sown in the darkness, so will the harvest be," is, he maintains, not true, as it is applied to conception and parturition, unless, perhaps, it may be in latitudes in which the sun does not for months appear above the horizon. He has kept a record on this matter, and finds that quite as many children are born during daylight as during the night. This may be true, but it does not alter the fact that the doctor is called much more frequently between sunset and sunrise.

A Canadian correspondent of the Medical Record states that DR. BUCK, of London, Ont., has enunciated the fact that if a patient be not thoroughly under the influence of chloroform, any irritation of the fifth nerve will produce slowing of the heart and final stoppage through the pneumogastric nerve. When students who listened to our lectures five years ago, recall the fact that we then enunciated the same fact, they will not be disposed to give DR. BUCK credit for its discovery. We taught them that the deaths from chloroform in the dentist's chair, were due to imperfect rather than complete anæsthetization.

"Dentist's leg," is the latest addition to what might justly be termed the sensational nosological list, and is a fitting companion to "lawn-tennis leg," its immediate ridiculous predecessor. It owes its parentage to DR. GEORGE JOHNSON (Lancet, Aug. 15,) who says it is due to perverted nerve functions, caused by compression of the nerves by firmly contracted muscles. The condition is aggravated by synchronous compression of the blood-vessels of the leg. It is a little surprising that we have not heard of the "pitcher's wrist" and the "catcher's thumb," the etiology of which is so well-known to the lovers of the national game.

DR. EDWIN M. SNOW, of Providence, Rhode Island, has been invited by the city of Montreal to take charge of the sanitary department of that city for a period of three months, to stamp out the epidemic of small-pox there. Such an invitation is a very decided snub to the profession of the unfortunate city. It is, of course, incredible that a city of 150,000 inhabitants has not within its own borders a competent man to do this work.

The London Lancet says: "We are glad to find that cascara sagrada, after years of persistent abuse, has at last been received within what is conventionally called the domain of legitimate medicine, and that hospital physicians may now prescribe this valuable remedy without being accused of using quack remedies. For this concession we are mainly indebted to the energy and enterprise of a well-known firm of American pharmacists."

PRESIDENT CLEVELAND has issued an order directing DR. E. O. SHAKESPEARE, of Philadelphia, to visit Spain and other countries in Europe where cholera exists, and make investigation of the causes, progress, prevention and treatment of the disease. This has been done in order that a full report may be made to Congress during its next session. The appointment is an exceedingly commendable one, and its object in the highest degree praiseworthy.

DR. GOODELL says that when he hears a person talk through his nose, it always raises a suspicion in his mind that that person is suffering from specific disease—hereditary or acquired, we suppose If this suspicion is correct, what a precious lot of syphilitics the Puritan fathers must have been! And how is it with the man suffering from nasal polypus or hay-fever?

Apropos of the question whether most births occur at night or in the day-time, DR. LEAMAN, of Philadelphia, in an analysis of 600 cases published in the Medical Times, finds that 319 were born between the hours of 6 p. m. and 6 a. m. The greatest number occurring during one hour, 40, was between 7 and 8 a. m. The least number, 12, occurred between 12 m. and 1 p. m.

The statistics of an eastern inebriate asylum for women show that out of 204 inmates, 128 began by drinking beer, 37 with whiskey, 20 with wine, and 8 with gin. These figures are truly convincing, but had the statistician gone back still further, he would have found that the whole number of the inmates began by drinking milk. The moral is obvious: Great is the value of statistics.

The Cincinnatti Lancet and Clinic traces "flowers," as a synonym for menses, to the Sanscrit, that function being known to the Hindus as *pushpa*, which means a flower, the pollen of the flower and the menstrual secretion having the same appellation. This conception of the menstrual blood as the "fructifying medium" is another illustration of the early erroneous physiology.

Apropos of the question of ligaturing the funis, which has been discussed in the past few issues of the AGE, a physician of thirty-five years' experience as an obstetrician, writes us that it is his custom to cut the cord immediately on the establishment of the respiration, and that regardless of whether the cord pulsates or not. He has never had any reason for amending this practice.

"MRS. BROWN sent me to inquire how MR. SMITH is to-day," said MRS. B.'S servant to MRS. SMITH. "He is much worse," answered MRS. S., with a deep sigh, "the doctor says we must now only wait for the end." "Ah me! then mebbe I might as well sit down and wait for it too, so I can take it to MRS. BROWN," said the girl.—*Medical World.*

A man went into a drug store, recently, and inquired for some *te deums*. He was mortally afraid of the small-pox, and had noticed in the papers that *te deums* were being extensively used in Montreal as a preventative, and if they didn't cost too much, he'd like to keep a few in the house.

Book Notices.

CHART OF MUSCULAR ANATOMY (According to Gray). Giving the Origin, Insertion, Action and Region of each Muscle; also, the Nerve supplied to each. Arranged by Dr. Drake. Price, $3.00.
Chicago: R. Farrand, 386 Webster Avenue.

The practitioner is exceedingly apt to grow rusty in his anatomy, unless, perhaps, he seeks to distinguish himself as a surgeon, and even the surgeons who are engaged in the practice of general medicine are generally of the "cut and tie" order, paying little or no attention to minute anatomy in their operations. Doubtless, however, much malpractice is traced to this neglect, and no practitioner who assumes to do anything in the way of surgery, should allow the dust to gather on his anatomy. If he had something in the way of an anatomical chart, which he could hang on his office wall, he would find it both a great convenience and a great stimulus to study. His Gray will lie undisturbed on his library shelf from year's end to year's end, but the chart is a constant reminder of duty, and if it be hung in a convenient place, he will often find himself before it. There are charts and charts, and the name of the short cuts to anatomy is legion, for they are many. The best, however, which we have ever seen is that now before us. It has the endorsement of prominent teachers of anatomy in different parts of the country, and it deserves all that the most enthusiastic have said in its praise. We know of few investments which would be found more profitable than the purchase of this chart for a place on the wall of the general practitioner's study.

ZOOLOGICAL ATLAS (INCLUDING COMPARATIVE ANATOMY), with Practical Directions and Explanatory Text, for the Use of Students. Two hundred and thirty one colored figures and diagrams. By D. McAlpine, F.C.S., Lecturer on Biology and Natural History, Edinburgh Honorman of the Science and Art Department, and Author of a Biological Atlas, etc. In two volumes.
Published by the Century Co., New York, and sold by Chas. W. Arnold, 260 Woodward Ave., Detroit.

The two volumes before us are devoted, respectively, to Vertebrata and Invertebrata. On opening either, one is struck with the high order of the illustrations. As works of art they are quite unique, while the position of the author in the scientific world is a guarantee of their absolute correctness, as well as of the correctness of the descriptive text. The object of the work is to help the student in the examination and dissection of the leading types of animal life, and we hazard nothing in saying that there is no more valuable aid to the student of comparative anatomy. The volume on Vertebrata treats of the skate, the cod, the salamander, the tortoise, the pigeon and the rabbit, the external character and internal organs of each of which are fully illustrated and described. The invertebrates considered embrace protomæba, protogenes, vampyrella, and others of the lower forms, together with the tapeworm, the sea-urchin, the common cockroach and other more familiar illustrations. The mechanical execution of the work leaves nothing to be desired.

A PRACTICAL TREATISE ON THE DISEASES OF CHILDREN. By Alfred Vogel, M. D., Professor of Clinical Medicine in the University of Dorpat, Russia. Translated and edited by H. Raphæl, M.D., formerly House Surgeon to Bellevue Hospital, Physician to the Eastern Dispensary for Diseases of Children, Etc. Third American Edition from the Eighth German Edition; revised and enlarged. Illustrated by six lithograph plates.
New York: D. Appleton & Co.
Detroit: John MacFarlane.

The previous American edition of this treatise

appeared in 1871, and it is difficult to understand why a period of fourteen years has elapsed without the appearance of another edition of a work of such a high order of worth. The book has during these years occupied a prominent position in our library, albeit the advances of the past decade left it imperfect in some places. In the edition now out these imperfections have been supplied, and the work has been brought fully abreast of existing knowledge in pædriatry. The second American edition was from the fourth German, while that now before us is from the eighth German edition, and comprises, in addition to all that appears in the latter, an article on Cerebro-Spinal Meningitis, by the translator.

A System of Practical Medicine by American Authors. Edited by William Pepper, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine, in the University of Pennsylvania. Assisted by Louis Starr, M. D., Clinical Professor of Diseases of Children, in the Hospital of the University of Pennsylvania. Volume III. Diseases of the Respiratory, Circulatory and Hæmatopoietic Systems.
Philadelphia: Lea Brothers & Co.
Detroit: Phillips & Hunt.

In noticing the appearance of this volume of this great work, we have nothing, in the way of opinion of its merits, to add to, or to take from, the opinion given in our notice of the preceding volumes. It is sufficient to say that the general excellence, in the matter of the prominence of its writers and the thoroughness with which they discuss their several subjects, is being fully maintained. D. Hayes Agnew, J. M. DaCosta, Austin Flint, Abraham Jacobi, William Pepper, Beverley Robinson, and A. H. Smith, are among the twenty-seven contributors to the volume, and their collaborators, although for the most part younger men, are all prominent, either as writers or teachers, and are proper representatives of contemporaneous American Medicine.

Medical Progress.

Antiseptic Inhalations.—Dr. Beverly Robinson in discussing this subject in the N. Y. Medical Journal commends this method of medication, and states the following propositions in its favor, viz:

1. The apparatus required costs but a trifle, and may be used, therefore, even by the poorest classes.

2. Medication thus applied may be employed under circumstances where the use of hot or cold sprays is impracticable.

3. There are no risks of future colds attendant upon its employment.

4. The relief afforded by dry vapor inhalations is in my experience, frequently greater than that given by the other methods of inhalation.

5. This medication is well adapted to all forms of irritative disease of the respiratory passages.

I know of only one serious objection which can be properly urged against its very general adoption, and it is the statement that the vapors of volatile antiseptic substances, when they are employed in the ordinary oro-nasal inhaler, do not penetrate far enough to reach the pulmonary cells, and therefore can not possibly modify this structure in any sensible degree.

The results of my observations would seem to show that the most generally useful inhalation in the beginning of pulmonary phthisis is creasote and alcohol, equal parts. Creasote by itself is a little too irritant, and is not so readily manipulated. Whether or not the mixture of alcohol increases its volatility I am not positive, although I believe it does, regard being paid to the statements of patients. The amount of inhaling fluid employed with best results varied from ten to twenty drops. It was also renewed most advantageously two or three times in twenty-four hours. The inhalations were employed at first about ten minutes every two, three, or four hours. After a week or two they could be continued, without unpleasant effects, one-half or one hour at a time, and repeated three or four times in twenty-four nours. If a larger quantity of the inhaling fluid was used at first on the sponge of the inhaler, or if at first the time for each inhalation was extended beyond fifteen minutes, the patient suffered from irritation of the throat and increased painful cough on several occasions.

The form of inhaler employed by me was usually one not dissimilar in outward conformation to that employed by Burney Yeo, of London, and S. S. Cohen, of Philadelphia. It may be of interest in this connection to give a short account of the different oro-nasal inhalers in use at the present time. Some of these are shaped so as to cover the mouth alone, some are adapted simply to inhalation through the nose, and some encircle both nose and mouth. They are made of metal, hard rubber, or celluloid, and are usually constructed from a single sheet of the material employed, their particular shape being made to suit the requirements of the majority of individuals. In Blake's and Tyndale's inhalers, which cover both nose and mouth, there is a circular valvular opening on either side about one-third of an inch in diameter, which closes by means of a soft rubber flap that rises and falls with each inspiration or expiration, and is intended to promote the facility of expiration and to avoid the passage of respired air through the sponge charged with the inhaling fluid.

In Hassall's oro-nasal globe inhaler similar valvular openings on the sides have been provided, and this inhaler has the additional advantage, as stated by its inventor, of supplying a larger amount of medicated vapor to the patient for purposes of inhalation. The result is effected by reason of the considerable capacity of the globe itself for containing bits of lint moistened with a suitable amount of inhaling fluid, and owing to the wider orifice of communication between the globe and the oro-nasal piece, or shield, which allows plenty of medicated vapor to pass through and be inhaled with each inspiration.

When an inhaler is fitted to the nose alone,

it is better, as a rule, for the patient to expire through the mouth than through the nose, as in this way a more complete circuit of the nasal passages by the vapor is accomplished than if expiration took place through the nose.

None of the inhalers described, although somewhat more elaborate and expensive, seem to me so useful as the cheap and simple one here shown. This one, as you perceive, is made of a thin sheet of perforated zinc; it is extremely light, and may be worn, therefore, a long time without causing the fatigue to the patient which the other inhalers often do. It also permits the air to pass freely in and out, and thus obviates almost entirely the sensation of oppression and stifling, which is apt to make the prolonged use of the other oro-nasal inhalers almost impossible.

TERPINE AND TERPINOL; THE NEW REMEDIES IN PULMONARY CATARRH.—In the course of a lecture at L' Hopital Cochin, DUJARDIN-BEAUMETZ said:

Already, in my Leçons de Clinique Therapeutique, I have insisted on the benefits to be obtained from copaiba in the treatment of pulmonary catarrh, but this medication has not become as generalized as I would wish. There are several obstacles and prejudices in the way, which are difficult to vanquish, such as the treatment of gonorrhœa by copaiba and the consequent odium and suspicion attached to a copaiba prescription, as well as the eructations, diarrhœa, and eruptions which accompany the administration of the drug. While recognizing how happily copaiba modified the expectoration, it is but in the hospital, then, that I employ this excellent medicine in the treatment of pulmonary catarrh. I believe, however, that I have found in terpinol a very efficient substitute for copaiba, which offers all the advantages and none of the inconveniences of this last.

When we distil turpentine in the presence of an alkali, we obtain a special hydro-carbon (C 10, H 16) known as terebenthene; this terebenthene becomes hydrated and furnishes then a solid, white body of a crystalline form—the bihydrate of terebenthene or terpine. This terpine, in the presence of an acid, transforms itself into an oily body to which we give the name of terpinol.

Terpine was employed in therapeutics for the first time by PROFESSOR LEPINE, of Lyon, and he found that it could be substituted for turpentine with advantage, and that it acted as an expectorant and diuretic. His dose was from 20 to 60 centigrammes. We have employed it in our service, but in much larger doses than Lepine, in from 1, 2 or 3 grammes per day, and that without obtaining any very marked diuretic effects. Terpine presents one real inconvenience in being so slightly soluble in cold water, the proportions being one of terpine to 200 of water; to obtain a strong solution, it is necessary to have recourse to alcohol, which is not without inconvenience when we wish to make use of a diuretic. [For the same reason, an infusion of digitalis is a much more efficient and reliable diuretic than the tincture.]

On the recommendation of TANRET, we have substituted terpinol for terpine. Terpinol may be put up in capsules of 10 centi-grammes each, and 6, 8, 10, and even 12 of these capsules administered per day. It may also be administered in the pill form, from the following formula:

℞ Terpinol.
Benzoate of soda, ää 1 gramme.
Sugar, q. s.

Make 10 pills; dose, 1 to 4, three times a day.

We have also experimented on animals, and found that terpinol was rapidly eliminated by the respiratory passages, while elimination by the urinary ways, was much less marked. Consequently, we have employed terpinol in two orders of affections—pulmonary catarrh and urinary diseases. As we judged *a priori*, it is in pulmonary catarrh we have obtained the best results; the crachats become more fluid; their bad odor disappears; and expectoration becomes much easier. In affections of the urinary ways, the results have been almost null; as a diuretic, terpinol is much inferior to turpentine.

If it were necessary to class these three bodies, turpentine, terpine, and terpinol, we would say that for bronchial catarrhs terpinol occupies the first place, and turpentine the last, while in urinary catarrhs the order is reversed.—*Physicians' and Surgeons' Investigator.*

THE THERMO-CAUTERY IN THE TREATMENT OF CHRONIC METRITIS.—DR. E. SCHWARZ, in a paper on the treatment of chronic metritis, advocates the use of the thermo-cautery, and reports most satisfactory results from its use in 30 cases so treated. Complete cures and permanent alleviation of the symptoms have not resulted in every case; but this, he says, is not remarkable when the pathological and anatomical foundation of the affection is taken into consideration. In about one-third of the cases in which the wedge-shaped excision, recommended by SCHRŒDER and MARTIN, was indicated, DR. SCHWARZ, by means of the knife-shaped galvano-cautery, burned from each lip of the uterus a wedge-shaped portion of tissue about one inch in length, the same breadth, and from one-fifth to two-fifths of an inch thick at the base. Commonly, the same effects were obtained by the use of the cautery as with excision with the knife. In special cases the size of the portion removed was determined by the degree of hypertrophy existing. Ordinarily, without fear of persistence of the diseased condition, a portion of the diseased membrane from one-fifth to one-third of an inch broad can be allowed to remain. This, after the disappearance of the abnormal condition of nutrition, rapidly shrinks and returns to a normal condition, so that in from four to six weeks the parts are found fully covered with normal mucous membrane as far as to the os uteri.

The application of the cautery is made in a few minutes. No assistant is necessary. A glass speculum neither too long nor narrow is required, and in order to avoid making it too hot a short pause is made in the application of the cautery, during which irrigation is practiced. Ordinarily, the pain experienced by the patient is not severe, and she fails to discover the occurrence of anything unusual unless previously advised of the operation intended. Moreover, patients who complain of severe pain from scarification of the parts experience no unpleas-

ant sensation from the use of the cautery. After the operation the cauterized parts were dusted with iodoform and the vagina packed with antiseptic gauze. The patient usually kept her bed only two or three days.

Separation of the eschar usually occurred during the first eight days. Extensive suppuration as a result of the operation has not been noticed, but under the use of the iodoform tampon or sublimate gauze and irrigation, healing without extensive discharge has always quickly resulted.

In other cases in which such extensive hypertrophy did not exist, but in which it was necessary to reach the numerous dilated blood-vessels, the wedge-shaped cauterization was not practiced. A pointed cautery was used by which was burned into each lip a number of holes from one-fifth to three-fifth of an inch deep, and about the diameter of a goose-quill. Cicatrization under these circumstances occurred more rapidly than in the cases first noticed, and without notable suppuration.

Hemorrhage was observed neither during nor after the operation, nor as a result of the separation of the eschar, and likewise but little inflammation or marked stenosis of the os uteri was noticed.

In every case there was marked and lasting improvement of the condition; in no case was the condition of the patient rendered worse. The results anatomically correspond to those obtained.

In all cases there was more or less considerable diminution of the uterus, and a decrease in its vascularity. In some cases, however, it was found necessary to repeat the operation, owing to insufficient cauterization at first.—*Centralbl. für Gynäkologie.*

THE TREATMENT OF ECZEMA.—As the subject is just now so freely discussed in all the medical journals of the United States, and as the disease is more frequent than all other affections of the skin combined, and especially as there is so great a diversity in regard to its proper treatment, I feel it my privilege, as well as my duty, to add to its literature the means, which in my hands, has been, on all occasions and under every variety of the disease, as successful as could be wished for.

BILLARD says "the treatment of chronic eczema is as difficult in its choice and direction as it is uncertain in its results;" but he so wrote in 1840, since which time the nature of the eruption has become much better understood, and its principles of treatment more effectual in arresting its progress.

DEVERGIE states that it "constitutes one-third of his cases," and later dermatologists not only confirm this fact, but go further, and tabulate it as more frequent than all the other eruptive diseases together.

Under these circumstances, anything that promises speedy and perfect relief from eczema cannot be easily over-estimated. For forty years I was in the habit of using only citrine ointment as a local application, which, although very effectual in curing the disease, was exceedingly painful to children, and I was ever wishing for something less troublesome to use, but it was not until 1880 that I succeeded in finding in chaulmoogra oil an agent equally effectual, and not at all painful in its effects. Since that date I have had ample opportunities of testing its virtues in all the forms of eczema, and am so well satisfied with its results that there has been no reason for my changing it for any other remedy.

The formula for the administration of this oil is:

℞ Oil chaulmoogra,
Oil cajeputi, āā ʒ j.
Tinct. camphoræ, f ʒ ij.

M. ft. Linimentum. Sig. Apply by rubbing with the naked hand over the eruption morning and night, until the disease is cured. A few days suffices to cure the eruption, and the itching is arrested by the first application.

But I have by experiment found that the disease will assuredly return, unless the secretions are kept corrected by the following mixture:

℞ Magnesii sulphatis, ʒ iij.
Ferri sulphatis, ʒ ij.
Aq. cinnamomi, ʒ xij.
Acid sulphurici diluti, ʒ jvss.
Tinct. aurantii cort., ʒ iijss.
Ol. menth. pip., gtt xx.

M. Sig. Tonic aperient. Dose, for adults, one tablespoonful two or three times daily.

This formula I took from TILBURY FOX, and find it so efficient that there is no necessity for my using mercurials, which seem to be coming into popular favor with the profession in the South.

I am quite satisfied that a few trials of this treatment will convince the most sceptical practitioner of its safety and competency in eradicating the disease I am now discussing, as well as its adaptability in the treatment of many other forms of skin affections.

In that form of eczema capitis where we have inveterate scabbing, it is, of course, always necessary not only to remove the crusts, but the hair also, by shaving. T. C. OSBORN, M. D., in *Daniel's Texas Medical Journal.*

DURANDE'S REMEDY FOR GALL-STONES.—It is very generally acknowledged that the idea of dissolving calculi within the gall-bladder by the administration of medicine, is a therapeutic delusion; yet it is deeply implanted in the professional mind, and there are probably few practitioners who have not used lithontriptics of one kind or another. Of such remedies the mixture of sulphuric ether (three parts) and turpentine (two parts) as recommended by DURANDE, in 1774, has long been a faverite one. Certainly it has stood the test of time, and held its ground while systems of therapeutics have had their day and ceased to be, and has made the name of the learned Professor of Dijon to live, while his numerous chemical and botanical researches have long been consigned to oblivion.

Results described as brilliant have been reported by a long series of physicians of all countries, from HALLER and SÖMMERNIG, in the last century, to the most recent authors in our systems and dictionaries of medicine. The mode of action is unknown; it is given empirically, but those who have faith in its efficacy hold that a positive solution of the calculi takes

place under its use; others think it is beneficial only in relieving the colic and permitting the stones to pass more easily, and the title of DURANDE'S original paper leads one to infer that this was his view. Stimulated by the cure of a case at PROFESSOR BOTKIN'S clinic, by the use of this remedy after a prolonged trial of alkalies, LEWASCHEW (VIRCHOW'S Archiv, cii, 3) has made a very careful experimental study of the action of the sulphuric ether and turpentine, alone and combined, on the biliary secretion. By means of carefully devised fistulæ, through which the bile could be collected and estimated, the effect of the remedies when introduced into the stomach could be ascertained. The experiments very clearly showed that, singly or combined, the ingredients of DURANDE'S mixture powerfully influenced the secretion of the liver, increasing it in quantity, and diminishing the consistence. There does not appear to be much difference in the intensity of the action of the separated ingredients, but the turpentine acts more slowly. The combination, tried in various proportions, did not have any greater influence than when the drugs were used singly. The mixture of ether and castor oil, as recommended by DUPARCQUE, did not induce a more active secretion than the ether alone. The effect of the remedy in man may be said to depend, not on any power of solution of the calculi, but on its general cholagogue effect, and the furthering of the passage of the stones through the duct. No doubt, too, by diminishing the consistence of the secretion it may prevent the development of other concretions. The ether was found to have a decidedly more intense action on the secretion than the bicarbonate of sodium; on the other hand, in comparison with the salicylate of sodium, the action of DURANDE'S remedy is slight and transitory, and the author recommends it strongly as the most effective agent in augmenting the quantity and reducing the consistency of the bile. In his former investigations on the action of alkalies on the composition of the bile, he found the effect much intensified by combining them with large quantities of water, and, no doubt, we here have the secret of the success of the cure of cholelithiasis by Vichy and other mineral waters.—*Med. News*, October 17, 1885

A SPECIFIC IN NEURALGIA OF THE FIFTH NERVE.—We possess at present a number of remedies which are of great service in neuralgias and other painful affections of the head. In common headache salicylate of sodium, if administered in doses of 15 grains every three hours, has a splendid effect. In certain forms of sick-headache, especially when the face has a flushed appearance, croton-chloral, given in doses of two grains and in pill form every two hours, rarely fails to bring relief. In hemicrania, if the face looks blanched, the inhalation of nitrite of amyl is the best remedy.

In neuralgia of the fifth nerve various drugs have been recommended from time to time. Are the attacks short but severe, and if they do not recur frequently, hypodermic injections of morphine may be relied upon. In some cases large doses of quinine put an end to the seizure. Muriate of ammonia, 15 grains every three hours, acts like magic in some individuals, while in others, especially when gastric irritability accompanies the attack, and still more, if nausea and vomiting usher it in, one or two grains of tartar emetic, if necessary repeated until emesis sets in, causes the neuralgia to disappear.

Recently a new remedy has been brought forward, which promises to become the specific in neuralgia of the trigeminus. DR. M. SCHNEIDER (Allg. Med. Centr. Zeit., 49, 1885,) had a lady patient, who at long intervals suffered from severe attacks of this painful malady. These attacks lasted from one month to half a year, and were accompanied by the most excruciating pain. Five years ago such an attack had been stopped by large doses of quinine. Another attack, which had continued with little interruption for six months, finally yielded to morphine and iron. A month ago the patient was again attacked by her old enemy. None of the remedies formerly applied seemed to do any good. S. then employed as an experiment salicylate of cocaine. Two-thirds of a grain were injected hypodermically into the right cheek. A minute or two later the pain ceased, and did not return. The injection itself was painless, and produced no irritation.

A week ago ENGEL had a similar case. The patient, a young man, presented himself at the clinic of PROF. ENGEL in the Medico-Chirurgical College. He suffered excruciating pains, and near the left ala nasi was a very tender spot. Thirty minims of a two-per-cent. solution of muriate of cocaine were injected into the skin near the point douloureux. Scarcely a minute later the pain had ceased, The remedy surely merits a more extensive trial.—*Med. and Surg. Reporter.*

BACTERIOTHERAPY; A NEW METHOD OF TREATMENT.*—PROF. ARNALDO CANTANI has turned to account the hostility existing between various microbes; and, in the first case where the experiment has been tried, the bacillus tuberculosis has been killed by causing the patient to inhale the bacterium termo. The harmlessness of the bacterium termo to healthy animals was first ascertained by giving it in various ways—by inhalation, injection, and by the stomach—to cats, dogs, and other animals. The case is briefly as follows: A woman, aged 42, with a large tubercular cavity in the upper lobe of the left lung, was admitted to the hospital on April 26th of the present year. Under quinine, cod-liver oil, and other restorative treatment, the patient was rapidly losing ground. The evening temperature was between 100° and 101° Fahr. The expectoration was copious, purulent, and contained elastic fibers and abundance of tubercle-bacilli. Animals inoculated with the sputum became tuberculous. The body-weight of the patient steadily fell. On May 4th, all other treatment was stopped, and daily inhalations of the bacterium termo were commenced; a rich culture in gelatin, diluted with meat broth, being pulverized by means of an ordinary spray-producer. The expectoration diminished rapidly until it disappeared altogether. The tubercle-bacilli became fewer by degrees, being replaced by the bacterium termo; and on June 1st, the bacillus had entirely disappeared, and

*Here is a specious argument for our homœopathic brethren.

it did not again return. Animals inoculated with the sputum no longer became tuberculous. Meantime the patient was gaining flesh, and improving in every way. PROF. CANTANI speculates on the possibility of finding, for every pathogenic microbe, a non-pathogenic, hostile one. However, he very wisely does not lay great stress on a single case, nor does he pretend that the bacterium termo is the best microbe to oppose to the bacillus tuberculosis. Outside the body, the bacterium does not always kill the bacillus; and the two microbes are found together spontaneously in tubercular cavities. In the case recorded, however, the conditions are different from these in which the bacillus has withstood the bacterium. The bacterium was given in large quantities, and in a vehicle that was, perhaps, more favorable to the bacterium than to the bacillus.—*Brit. Med. Journal.*

ON ACONITINE IN NEURALGIA.—Though the deadly virulence of aconitine, even in minute quantities, will always form a serious obstacle to its gaining popularity among the medical public, we are, in certain affections, practically compelled to resort to it. We abstract from the Gazette Medical de Paris (March 21, 1885) some considerations as to its physiologieal and therapeutic effect.

Aconitine is a powerful and rapid modifier of the nervous system; its predominant effect is concentrated at the base of the brain, consequently its influence extends over the entire system of the great sympathetic and the vast domain dependent upon the latter, enclosing the principal vital functions. Besides, it powerfully affects the sensitive nerves, reduces or suppresses their energy, and causes anæsthesia; at the same time it calms the circulation, diminishes the calibre of the capillaries, and lowers the temperature. These physiological properties, so characteristic of aconitine, render the drug peculiarly adapted to the relief of painful affections, and especially of neuralgias. The remedy is most eligible in all forms of congestive neuralgia and dermodynia (dermalgia) which have their seat in the extremities of parts where corpuscles of Pacini are abundant. In affections of the trigeminus the effects of aconitine are often marvelous, as illustrated by the following case: NELATON had performed resection of all branches of the trifacial nerve on a patient without, however, in the least abating his excruciating pains. The patient, almost driven to despair, demanded another operation; extirpation of the Gasserian ganglion had been decided upon, when, upon the recommendation of PROF. GUBLER, the employment of aconitine was tried. In a short time the patient expressed himself to be utterly free from all pain and continued to be so. In tic douloureux aconitine has often proved the only relief-affording remedy; the same may be said of irritating and painful affections of the respiratory tract, as in asthma and convulsive cough; also of nervous palpitations, angina pectoris, and in the painful acute forms of rheumatism and gout, where the drug calms both the nervous and vascular erethism. As certain patients are particularly susceptible to the action of aconitine, minute and largely diluted doses of its solution have to be begun with. Granules exactly dosed are doubtless the most preferable preparations of aconitine. —*Medical Digest.*

PNEUMONIA TREATED BY INTRA-PARENCHYMATOUS INJECTIONS.—Boldness may certainly be necessary for success even in the treatment of disease. But what shall we say of Lépine's argument in favor of the local treatment of fibrinous pneumonia by intra-parenchymatous injections? (L'Union Médicale, Aug. 22d). If, says Lépine, an injection of a few cubic centimeters of a very weak aqueous solution of corrosive sublimate be made into the hepatised lung on the third or fourth day of the disease, in three or four places equidistant a few centimetres from one another, and preferably at the periphery of the lesion, with a view of preventing the extension of the disease, the following phenomena are observed: (1) At the seat of infection an immediate diminution of the crepitant râles and tubular breath-sounds, which are in part replaced by respiratory silence and some larger râles; (2) sometimes later, a transient exacerbation of the temperature of body; (3) the next day a great improvement in the general condition, and notably a precocious defervescence; and (4) a resolution which, to judge by the persistence of the "souffle," especially in the hepatised parts that have not been treated, takes place very much earlier than would have been the case under ordinary circumstances. As to the relative innocuousness of the intra-pulmonary injections in the doses employed (20 to 25 cubic centimeters of 1 in 40,000 solution of bichloride of mercury), when care is taken to keep away from the large vessels at the hilus of the lung, and not to penetrate the lung more than three or four centimetres, M. Lépine urges that he has not lost a single patient and has not had one accident. The only inconvenience is the pain, but this is not great, and may be still further relieved by adding morphine to the solution. After the introduction of the sharp needle, and before the syringe is fitted on, a few drops of blood are allowed to escape; the injection must not be delayed or the needle will become plugged. When the needle is inserted into healthy lung or into tuberculous lung it does not as a rule yield blood. In the healthy lung such injections produce sufficiently defined lesions. Experiments on the lungs of healthy hogs showed that at the site of injection of a rather stronger solution than that mentioned above there was a circumscribed and indurated area, which was made up of blood and congestive œdema. The lesions were less marked with the 40,000 solution.—*Lancet*, Sept. 5, 1885.

COCAINE IN SEA-SICKNESS.—In a preliminary report on some observations upon "cocainum muriaticum," DR. MANASSEIN, of Petersburg, gives an interesting account of the employment of the drug in sea-sickness (Berl. Klin. Wochenseg., August 31st). He had read of its value in uncontrollable vomiting of pregnancy, and thought it might be useful in sea-sickness. He therefore went this summer on a sea voyage in order to test its efficacy. Among his fellow passengers were two, a man and woman, who were especially prone to the malady. He administered to each of them every two or three

hours a teaspoonful of the following solution: Muriate of cocaine (1·15), rectified spirits of wine (in sufficient quantity), and distilled water (150·0), beginning the administration on starting. That it had a prophylactic effect seemed clear, for in spite of very rough weather for a period of 48 hours, both the individuals were for the first time in their lives free from sickness, and enjoyed a very good appetite the whole time. To a child six years old, who began to be attacked with sea-sickness on rising in the morning, the treatment was so effectual that it was able to play about during the day in spite of the storm. The child took one teaspoonful in two doses during the first half-hour, and then half-a-teaspoonful every three hours. Another case was that of a girl, 18 years of age, who had been sick for 24 hours before the drug was given. The case being a severe one, she had a double dose every half-hour, with "truly magical effect;" for after the second dose the patient was able to assume a half-sitting posture, and after the sixth dose she jested and began to complain of hunger. During the rest of the voyage she remained well, although there was much rolling of the vessel. Similar good results attended the use of the drug in three milder cases: and had it not been that his supply ran short DR. MANASSEIN would have been able to make more extended observations. Still, from the experience of these few cases he thinks it justifiable to infer that in the drug we have a certain and harmless remedy against sea-sickness. In the same communication he mentions that he had found "cocainum muriaticum" of great service in arresting the collapse of two severe cases of simple cholera, and thinks it desirable to try its action in Asiatic cholera.—*London Lancet.*

COCAINE IN VENEREAL AND SYPHILITIC DISORDERS.—The experience of BONO with cocaine in affections of the genital system (as published by the Gazz. delle Cliniche, ii, 1885) can be conveniently epitomized as follows:

1. An injection of a few drops of a two-per-cent. solution of cocaine removes promptly the pains felt in acute gonorrhœa during micturition and erection. The injection has to remain in the urethra for at least five minutes, and to be repeated four or five times daily.

2. This cocaine-injection is unrivaled in rendering caustic injections or the introduction of the catheter painless.

3. The burning pains of blenorrhœa in women yield invariably to small cotton tampons saturated with a two-per-cent. solution of cocaine, to the application of a five-per-cent. solution of cocaine, or to the application of a five-per-cent. cocaine ointment.

4. Cocaine facilitates the examination of urethra and bladder with the bougie and the endoscope.

5. It allows of a painless cauterization in balano-prostatitis.

6. Pointed condylomata can be painlessly cauterized, excised, or scraped out with its aid.

7. In cauterization and excision of primary syphilitic affections, cocaine evinced every desirable analgesic virtue of a sufficiently long duration.

8. Taken internally during an anti-syphilitic treatment, cocaine did not present any appreciable effects.

9. Its local effects are highly beneficial in syphilitic tonsilitis and in stomatitis mercurialis, and difficulties of deglutition.

BONO refers also to its analgesic properties in acute painful eczema, pruritus vulvæ, sore nipples, and burns.

As BONO'S observations were confirmed by BLUMENFELD, FRÆNKEL, PICK, and NEISSER, they are entitled to attention and confidence.—*Therapeutic Gazette.*

ICE TO THE SPINE IN OBSTINATE VOMITING.—DR. WM. L. DAVIS, in the Mississipi Valley Med. Mo., says: I was called to a patient, æt. 47, the mother of nine children, suffering from a severe typhoid fever with intractable vomiting, which had persisted for several days. All of the ordinary means failed to control the condition of the stomach, and even pellets of ice were instantly rejected. High temperature characterized the fever, and every effort was made for its reduction, believing that it had much to do with the production of the nausea and vomiting, but the latter prevented the medication indicated for this purpose.

Menstruation had been normal for some time, except the epoch just preceding the attack of the fever, which, although the flow made its appearance, was but limited in quantity. From the age of the parent and the number of children she had borne, I was inclined to the belief that the climacteric was a factor in the gastric derangement. Thinking, therefore, that the vomiting might depend upon reflex disturbance of uterine origin, or ill-defined spinal derangement, I applied ice in considerable quantity to the lowest part of the spine. The vomiting ceased instantly, and a profuse perspiration followed. The use of the ice was persisted in only as the indications appeared to demand it. Taking the hint from this, however, cool sponging was instituted with marked benefit, so that the use of the extreme cold to the spine was only of occasional necessity. With the exception of anodyne injections to produce rest at night, little other treatment was ordered. The subsequent progress of the case was satisfactory, and an ultimate recovery complete in about the average time.

The history of the case since her getting up has not confirmed my conclusions in regard to the menopause.—*Peoria Med. Mo.*, September, 1885.

OIL OF EUCALYPTUS AND OIL OF TURPENTINE IN MEMBRANOUS CROUP.—DR. F. A. JOHNSON, in a letter to the editor of the Cal. Med. Journal, narrates the following case:

Allow me to briefly report a severe case of membranous croup cured by me without tracheotomy. To perform this very hazardous operation would have been certain death to my little patient, on account of vascularity of the thyroid gland; I preferred to let the patient die a natural death. Feeling that all was not done that could be, and having but a few moments to work in, I took an atomizer, charged with oil eucalyptus and oil turpentine ää. q. s. and with the mouth well opened I sprayed the mouth and throat with this mixture every 15 minutes for at least two hours, and from the

first the patient breathed easier. At the same time I gave my patient brandy and carbonate of ammonia āā., one teaspoonful as often as every 15 minutes, alternated with the spray. At the end of two and one-half hours the little sufferer was running about the room. I had discovered, several weeks previous, that the two oils would dissolve India-rubber, and made a record of the fact that if I ever had a case of this terrific disease, or of diphtheria, I would give the two drugs a trial. I will here state that as powerful and volatile as the two drugs are, they have no bad effect upon the mucous membrane, but will dissolve the membrane very rapidly. Try it, my brother physicians, and report your success in your respective medical journals.

I do believe, beyond a doubt, that by a judicious use of these two oils, diphtheria and membranous croup can be cured without the use of the knife.

PYROGALLIC ACID AND COLLODION AS A REMEDY FOR PSORIASIS.—DR. GEORGE T. ELLIOT, in the New York Medical Journal of September 5, 1885, recommends the following formula in the treatment of psoriasis:

℞ Acidi pyrogallici, ʒ jss–ʒ ij.
Acidi salicylici, ʒ ss.
Collodii flex, ℥ ij.

M. et ft. sol.

Keep in a dark-colored bottle.

The results obtained in treating psoriasis with the pyrogallic collodion have been in every way satisfactory. A great change could be seen in the lesions after a few applications. There was an absence of scales and a diminution in the hyperæmia, and the plaques and spots appeared less elevated. The time which was required in curing the psoriasis by means of this solution has naturally varied according to the extent of the disease and the length of time which it had existed. Any rule in regard to it could scarcely be made. The quickest results obtained were in psoriasis guttata, and the slowest in a case of psoriasis nummularis of long standing. In cases where the eruption is universal, or nearly so, it is of course advisable to treat the various portions affected *seriatim*. The result will be just as satisfactory; only the time required will be a little longer.

In one other form of skin disease, herpes tonsurans, DR. ELLIOT has used this solution of pyrogallic acid, and with most gratifying success. Its effect upon the lesions has been surprising, two applications having been sufficient in the majority of cases to effect complete cure.—*Am. Jour. Med. Sciences.*

TREATMENT OF HABITUAL CONSTIPATION.—DR. MURRELL, the eminent therapeutist, thus commends the virtues of Friedrichshall water in the treatment of habitual constipation:

"I have recently been using the Friedrichshall water in a variety of cases, in hospital practice, and I find it to possess the same valuable therapeutical qualities which explain and enhance its long-established reputation as a favorite aperient in habitual constipation, and in the wide range of cases in which it is desirable to employ a laxative of mild character, and fitted for continued use. Friedrichshall has a special constitution, which secures to it marked preference over the ordinary sulphate of magnesia waters, and over the ordinary in general use. Its special advantages are probably largely due to its combination of chlorides with sulphates. It is not merely a saline aperient, but it has valuable properties in influencing tissue-change and promoting excretion of acid. Thus it is attended with excellent results in cases of congestion of the liver and kidneys, as a corrective of the digestion, and as what may be familiarly described as a tonic-aperient. Friedrichshall realises in practice the valuable curative powers ascribed to it by the eminent German physician with whom it has long been a standard prescription. I hope, shortly, to publish, in a more detailed form, the results of clinical experience, which indicates the special advantages of Friedrichshall to which I refer." —*British Med. Journal.*

THE CURE OF PULMONARY GANGRENE BY THE INHALATION OF AIR IMPREGNATED WITH CARBOLIC ACID.—DR. CONSTANTINE PAUL, at the recent meeting of the Congress for the Advancement of Science, called attention to the efficacy of carbolic inhalations for the cure of pulmonary abscess.

Seven cases were reported in which the remedy was successfully applied, no failure being recorded. DR. PAUL, in considering the value of the proposed remedy, compares the results obtained with those secured by the inhalation of aromatics, etc., which are eliminated entirely through the pulmonary and bronchial apparatus. These, with the exception of eucalyptus, are pronounced valueless, because not possessing the power of checking putrefaction in the pulmonary tissue.

As a probable explanation of the method by which the carbolic acid acts in checking the putrefactive process, M. PAUL refers to the results obtained by various bacteriologists, who have found this agent efficient in the destruction of bacteria.

In view of the fact that pulmonary gangrene is regarded by most authorities as almost constantly fatal, M. PAUL considers the results obtained as noteworthy, and that the method is an acquisition to the therapeutics of the disease, and worthy of further trial.—*Gazette Médicale de Paris*, August 29, 1885.

SALICYLATE OF COCAINE IN THE TREATMENT OF TRIGEMINAL NEURALGIA.—SCHNEIDER ("Allg. med. Ctrl-Ztg.;" "Ctrlbl. f. d. ges. Therap.") relates the case of a woman in her third attack of neuralgia of the second and third branches of the trigeminus. The first attack, five years before, had been treated successfully with large doses of quinine. The second attack lasted almost six months; quinine was of no avail, but the pain gradually disappeared under the use of morphine and iron. The third attack had continued four weeks when the author injected salicylate of cocaine experimentally. The effect was extraordinary; six grains of the salicylate, injected into the cheek, caused the pain to disappear

entirely, and occasioned a general feeling of well-being wholly free from any unpleasant collateral phenomena. The injection itself was painless and did not give rise to irritation. The patient was enabled to sleep at night, although before the pain had been most severe at night. Eight such injections were given in the course of six days, and after that there was no pain except at the site of the injections, which was overcome by three applications of galvanism with the anode applied to the seat of the pain and the cathode to the back of the neck.—*N. Y. Med. Journal*, September 5, 1885.

CANCER REMOVED BY A RUBBER BAND.—SAMUEL KNAGGS, M. R. C. S., in the British Medical Journal, says, I will mention a simple method which I have found useful in removing cancerous masses. It is only intended for temporary relief, but it gives very little pain and produces much subsequent comfort. It consists in the application of a thin strip of India-rubber around the base of the growth. This thin rubber band having been stretched three or four times around the base, but not so tightly as to cut through, the ends are tied with silk, when at full tension, as closely as possible to the tumor, and gradual progressive contraction takes place. It checks hemorrhage, relieves pain, adds greatly to the comfort, and somewhat to the life of the sufferer. The strangulation of hemorrhoids is also, I think, more pleasant and quickly effected with this ligature than by ordinary thick silk. It is a little more difficult to manipulate, and is more readily applied behind a strong tenaculum, which has transfixed the base of the pile. Encircling nævoid masses with a similar temporary ligature at the base allows their being dissected out with very little loss of blood.—*N. Y. Med. Times.*

BENZOATE OF SODA IN THE SUMMER DIARRHŒA OF CHILDREN.—DR. GUOSTA believes the diarrhœa occurring in infants in hot weather to be a zymotic disease due to the presence of a special microbe produced by defective diet, bad hygiene and excessive heat being predisposing causes.

The remedy he prescribes for the condition is benzoate of soda uncombined with any other remedy, if the affection is recent, in children of from six months to two years.

After the administration of a purgative, such as calomel or jalap, from 60 to 90 grains of benzoate of soda dissolved in about three ounces of water, administered in 24 hours, for two days. The third day a slight purgation with magnesia is followed by further administration of the benzoate of soda.

During the treatment the child is rigidly dieted, and nourished simply upon lemonade and a few spoonfuls of wine. Milk and bouillon are prescribed, the child, however, being allowed to nurse four times in 24 hours.—*Journal de Médécine de Paris*, August 23, 1885.

THE TREATMENT OF GALL-STONE BY THE ELASTIC BANDAGE.—DR. QVISLING states (Tidskrift for Prakt. Medicin, quoted in Nordiskt Mediciniskt Arkiv., Band xvi., Häft 4,) that in seven cases of gall-stone (two men and five women) he has seen good results follow the use of MARTIN'S elastic bandage. Its action depends on the immobilization of the abdominal organs, by which the calculus is prevented from irritating the mucous membrane, and from causing reflex contractions of the muscular coat of the gall-bladder. The bandage is applied rather firmly over the upper edge of the hepatic dulness, as far down as the crest of the ilium, a piece of flannel being placed under it. It may be removed at night, if desired by the patient. Its use should be persisted in until the patient appears to be definitely cured. —*Medical and Surgical Reporter*, August 29, 1885.

POWDERED BORACIC ACID IN OTORRHŒA.—A scrofulous boy aged three, after a cold had earache, inflammation, perforation of the drum, and otorrhœa. DR. G. E. BLACKBURN, other measures having failed, adopted the following: "After carefully cleansing the ear by wiping it out with absorbent cotton, I inserted a speculum, poured in boracic acid, and gently packed it down with a soft pine stick just large enough to slip easily through the tube. This I continued to do until I had filled the canal, when I placed a small pledget of cotton in the ear. This packing was washed out by pus in forty-eight hours. I repeated it. Again in four days I had to repeat it. The result was a complete success. In three weeks I removed the hardened mass by using warm cosmoline, and now the membrane is entire. Hearing, so far as I can judge, is restored, and the patient cured."—*Clinique; St. Louis Periscope*, September, 1885.

OLEATE OF MERCURY IN HEPATIC CONGESTIONS.—Especially among hard drinkers do we frequently observe those obstinate congestions of the liver that seem unwilling to yield to the usual remedies. DR. C. A. BRYCE writes about such cases in the Southern Clinic for September. The patients cannot eat, sleep, sit still, walk about or lie down—they have headache, a terrible taste in the mouth, and in fact are thoroughly miserable, and had rather be dead than alive. Upon examination, the liver is found considerably enlarged. There may be constant pain over the liver, persistent pain, or even intestinal hemorrhage. In such cases, DR. BRYCE has had most satisfactory results from the use of oleate of mercury in the form of a twenty-per-cent. ointment, rubbed well into the skin every night.—*Medical and Surgical Reporter.*

A NEW CARDIAC SEDATIVE.—DR. G. BUFALINI gives an account in the Gazzetta degli Ospitali, of August 12, 1885, of some experiments with coptis teeta or mameeran upon the heart of the frog. This plant is a native of China, belonging to the family of ranunculaceæ, and is used as a stimulant of the digestive functions. The author found its effects upon the heart to consist principally in a slowing of the pulsations, leading finally to complete arrest of cardiac action in systole. And he, therefore, classes it in the same pharmacological group with digitalin.—*Medical Record*, Sept. 19th, 1885.

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Original Articles.

THE CHOICE OF REMEDIES.*

BY LAURENCE JOHNSON, M.D., NEW YORK.

Twenty years ago there was much less faith in the efficacy of drugs in the treatment of diseases than there is to-day. One of the most prominent medical teachers and authors was wont to say in those days, that medicine was worth all the study given to it, if for nothing else than to enable the practitioner to make a diagnosis and prognosis. And this remark meant far more than appeared in the mere words uttered, for while the carefullest attention was paid to the diagnosis, clinical history, prognosis, and pathological characters of disease, the treatment was dwelt upon in such general terms as to mean anything or nothing. In other words, disease was considered principally from the natural history standpoint, and the catalogue of self-limited affections, with whose natural course the physician should not meddle, grew to uncomfortable proportions.

It is unnecessary to discuss the causes of this particular form of medical scepticism. That it existed cannot be questioned; and that its existence operated as an obstacle to the success of men educated with that lack of faith, is equally capable of demonstration.

Naturally this heresy, like many others which for a time have ruffled the current of popular belief, did not long survive; but none the less, like some other heresies, it led to a train of evils that long outlived the cause which produced them. A generation of medical men went forth to unlearn the false precepts of their teachers by the hard road of practical experience. One cannot but smile at the pitying contempt which the recent graduate of twenty years ago had for the simple faith of the old practitioner, who actually believed he could with drugs moderate the course of pneumonia or cure a rheumatism. Yet such was the fact. This evil was, however, of a somewhat personal character and served chiefly to handicap the individual practitioner. The faith of the public remained unshaken, and he who ministered most successfully to the public was most substantially rewarded. In reviewing this subject in the light of personal experience, bearing in mind also the experience of professional friends with whose history I am familiar, I am fully convinced that to this sceptical training more than to any one cause, are due many of the difficulties encountered in the early years of practice.

But other evils followed. If drugs were of doubtful efficacy, they could not be dispensed with. As already remarked, the public faith remained unshaken. The public, when sick, would have drugs. The theory of the self-limitation of disease, together with the apparent financial success of homœopathic practitioners, who, it was believed, administered pleasant-tasting or altogether tasteless medicines, while the disease ran its natural course toward recovery or death, pointed the politic road—that of making medicines as palatable as possible. And here seems to me to be the origin of one of the greatest evils from which we, as a profession, and our patients are suffering. From striving to render remedies more and still more palatable, efficiency has been largely sacrificed to elegance, and unless the tide be stemmed in some way the whirligig of time will again bring around an era of scepticism, based, however, upon a more substantial foundation. While I would not for a moment decry elegant pharmacy, within reasonable limits, I do most vehemently protest against its abuse, as at present so largely practised. Granting for the sake of argument that the proprietary pills, elixirs, and other compounds so largely used are compounded in accordance with their published formulæ, it cannot be doubted that their use begets in the physician a routine practice altogether at variance with the intelligent exercise of his calling; and the more skilful he may be in diagnosis, the greater is the contrast of his treatment. But in very many instances, at least, these preparations do not contain what is claimed for them. This has been shown again and again by chemical analysis.

Then how shall we be guided in the choice of remedies to use in the treatment of disease? This question seems to me easily answered in words, though practically it requires more thought than has been our custom to bestow upon it. In the first place, we should bestow upon materia medica and therapeutics the same careful study as is commonly given to other departments of medicine; the same care-

*Read before the Section in Practice of Medicine of the New York Academy of Medicine, Oct. 20, 1885, and published in the Medical Record, Oct. 31, 1885.

ful attention to details as, for instance, is exemplified in practical, and consequently, successful antiseptic surgery. Knowing first the remedies within onr reach, not by name merely, but having a practical familiarity with them as individuals, an intelligent appreciation of their properties and effects, and of their comparative relations to each other, we shall be prepared to use them intelligently.

But one may say, this of itself would require the study of a lifetime. By no means. Let one but learn to distinguish the wheat from the chaff, and the materia medica will, so far as he is practically concerned, soon shrink to comparatively small proportions. Suppose the practical surgeon were to provide himself with all the instruments which have been used since surgery began to be practiced, how many of them would be employed to-day?

Our materia medica is certainly anomalous. Every root and herb at any time employed, from HIPPOCRATES down, must needs be included, together with almost every chemical which man's ingenuity or nature's fertility has provided. But how many of them are used? How many are worthy of use? Hardly a larger number than of surgical instruments. So while in surgery the antiquated are labeled and placed in museums, in materia medica the good and the bad, the useful and the demonstrably useless are left side by side as if for use together.

While everyone is familiar, at least in a general way, with the articles of standard worth of the materia medica, few have paid sufficient attention to the subject to enable them to pass a decided judgment upon the great number of useless and inefficient ones; and it is in behalf of these little-known drugs that our credulity is most frequently appealed to by blind enthusiasts or designing speculators.

The properties, uses, and limitations of the mineral preparations of the materia medica are pretty well recognized and understood. Take the preparations of iron, for instance. Everyone recognizes that though iron in any form is a tonic, yet there is a wide difference in the applicability of different preparations to different conditions. The same may be said of mercury, potassium, or sodium. The facts regarding these minerals are firmly fixed in our minds, simply because the knowledge of them is classified. Now, if the same plan be pursued with drugs of vegetable origin, our knowledge of them would be just as readily available. In a general way, the individual plants comprising a great natural family, may be said to be as nearly related to each other as are the different chemical compounds of iron to each other. Take, for instance, the order Solanaceæ, which furnishes us, among others, belladonna, stramonium, hyoscyamus, and tobacco. In these four plants we have about all the efficiency that this order is likely to afford us in the way of narcotic agents. Each one of these has a sphere of applicability almost entirely its own. This fact being conceded, why waste time and energy in fruitless experimentation in search of possible new agents in the order?

Take, as another instance, the great order Labiatæ—the mint family. We are all, I trust, reasonably well acquainted with the properties, uses, and limitations of peppermint. Well, now, this plant in itself represents all the medicinal activity of the entire order—a very large one. Other plants have different flavors, and may on this account be more or less agreeable to some persons, but their medicinal action is entirely similar if not absolutely identical. And yet it is not uncommon to find specific effects attributed to plants of this order, and some men believe it. The Cruciferæ, the mustard family, affords another instance of similar character. Mustard seed represents all that is to be extracted from the order; all the rest may be dismissed without thought or hesitation. And so one may pursue this course through the vegetable materia medica, excluding, without hesitation, scores upon scores of drugs which but encumber his path.

When one has gone through the materia medica in this manner, and excluded the articles which reason and common sense convince him are beneath his notice, he will be ready to make his choice from those which remain, of the remedies to use. And here I would not wish to be misunderstood. For my own purpose I exclude a large number of drugs, not because they are altogether valueless, but because there are others much more efficient, and it seems to me that we should choose for our use only the best attainable. To illustrate, the number of vegetable tonics is very great. Almost anything bitter is possessed of tonic properties. Now, almost any vegetable bitter may be used in such a manner as to cure intermittent fever. The bark of the flowering dogwood, magnolia, tulip tree, or willow will do it, as will also tansy, wormwood, or boneset, but what man of sense would think of employing any of them when cinchona or its derivatives are attainable?

I believe it was SAM PATCH who died while making an effort to prove "that some things can be done as well as others." It seems to me there is considerable Patch-work in medicine of a similar character, only it is not the operator who dies in the experiment.

But, some one may say, such a course as this would commit a man to contentment with his present choice of remedies for the balance of his professional life. Not at all. By accepting the verdict of his predecessors as to the worthlessness of certain drugs, he in no way binds himself to reject new discoveries with claims

that can be sustained. He will, however, be less credulous, and on this account, less likely to experiment with anything and everything to which his attention is called.

Moreover, such an examination of the materia medica would show upon what an unsubstantial foundation the claims of many of the articles rest. I have, in not a few instances, traced back the history of a drug from author to author till I reached the original statement that it was used for such and such purposes by the aborigines. And in some cases it has been easy to observe that the original statement was copied by one after another with very little variation, the later authors including the article simply because their predecessors included it. Such medical histories of drugs, should, I think, make us slightly sceptical, and so long as this scepticism does not reach the point of blind prejudice, both we and our patients will be the better for it.

In days when journals are published for the sole purpose of pushing new remedies into notice; when men are employed directly or indirectly for the express purpose of manufacturing reputations for drugs, of which the proprietors of the paper have a monopoly, a little judicious scepticism is not far removed from wisdom.

However uncertain medicine may be, however inexact as a science, however disheartening it may often be in practice, it does present some things which are sure. Having, then, excluded from our materia medica the things which we consider beneath our notice, we can begin our choice of remedies for daily use by accepting at once all those whose reputations rest upon a solid foundation.

Of remedies of vegetable origin, we should probably err little in accepting all those which yield to analysis any principle capable of producing physiological effect upon the human system, taking into account, of course, the relation of the quantity of the crude drug to the principle found, and the amount of the latter required to produce sensible effect.

Of drugs which do not meet this requirement —the possession of a demonstrable active principle—we have at least the right to reserve our judgment. Accustomed as medical men of the present day are to look for a cause of every effect observed, it seems to me only rational that they should demand the reason why a drug does thus or so, and if this be not forthcoming, they have the right to expect a very clear demonstration of the fact that a therapeutic effect is produced before accepting it.

It is an easy matter to say that a drug produces good effects in this or that diseased condition, and not very difficult to compile statistics from medical literature in support of one's statements, but let one attempt to verify such statements by actual experiment, and he often finds the task a hopeless one. I refer, of course, to drugs having no appreciable active principle capable of producing physiological effects, at least in doses proportioned to the amount of the drug employed.

Take, as an illustration, viburnum, a drug introduced a few years ago as "nervine, antispasmodic, astringent, diuretic, and tonic, and especially useful in the nervous diseases of pregnancy and in the prevention of miscarriage" (U. S. Disp., p. 1521). Let anyone endeavor to verify these claims, and he will appreciate the difficulty of the task, and probably end with the conviction that the drug is wholly useless. Such, at least, has been my own experience. And yet viburnum is employed to a very considerable extent, notably in threatened miscarriage. If the patient does not abort, the drug gets the credit; if she does, why the case was too far gone to be influenced. While we as practitioners of rational medicine, so called, are uniformly sceptical regarding the therapeutic claims made by practitioners of other schools, and rarely esteem their statistics worthy of serious consideration, we will find plenty of just such unreliable material much nearer home if we care to search for it.

As with viburnum, so with many other more or less fashionable remedies—their reputed efficiency is commonly greatest in cases incapable of demonstration. Of such remedies we should choose, at most, a very small supply.

But with all the drugs of vegetable origin possessing demonstrable active principles at our command, we still have more than we need, and further discrimination is necessary in order that our armamentarium be not too unwieldy. Classification of the most important ones, based upon the effects which they produce, is essential to final selection. Such a classification must, however, of necessity be artificial and somewhat arbitrary, because of the varying effects produced by one and the same drug in different doses and in different conditions. Illustration of this point is scarcely necessary. Everyone has in his own mind, or should have, the drugs which he employs thus classified to a greater or less extent, but not everyone uses wise discrimination in selecting the proper drug from a given class when prescribing at the bedside. How many of us use opium unnecessarily? How many employ quinine antipyretically, without rhyme or reason? How many administer ergot, digitalis, arsenic, or strychnine without careful consideration?

Having by the analytical course which I have endeavored to sketch, reduced the materia medica—both organic and inorganic—to a reasonable compass, and having those remedies which we will permit ourselves to employ classified, how shall we be guided in making the the final selection? For the choice of proper

remedies at the bedside is, of course, our ultimate end and aim.

This question appears to me to involve three considerations, namely, 1, efficiency; 2, liability to do injury; 3, ease or difficulty of administration.

There can be no question about the advisability of always using the drug which will most certainly produce the therapeutic effect desired, save as this may be modified by its liability to act injuriously upon the patient. This is a very important consideration. For example, opium is very potent in relieving pain, and, judiciously used, seldom does harm. And yet it cannot be safely used in very young children; and it should not be employed in adult life one moment longer than absolutely required, owing to the danger to the patient of the formation of the opium habit. I know that this danger is often exaggerated, but it does exist, and we should bear the fact distinctly in mind when we prescribe at the bedside. The same may be said of chloral, and of the inhalation of ether and chloroform. These drugs should never be used indiscriminately; the question of their efficiency should always be modified by their possible dangers, and when these dangers are greater than the ills for which it is proposed to to use them, they should be replaced by safer, though less efficient, drugs. Take, as another instance, aconite, veratrum, and gelsemium, all used as arterial sedatives indiscriminately—commonly, however, by different physicians. Considered merely from the standpoint of efficiency, there is little choice between them, but a consideration of their relative dangers shows them in an altogether different light. Aconite need never do harm; veratrum often produces unexpected vomiting, purging, and dangerous depression; and gelsemium is nearly as unreliable as lightning. So that you may use aconite with safety, veratrum with fear, and if you push gelsemium, you should do it with positive dread of the possible consequences.

I might go on illustrating this point almost indefinitely, by comparing the drugs of different classes with each other, but it is unnecessary.

It remains to consider the efficacy of drugs as modified by the difficulties of administering them. As previously intimated, it has been more or less the fashion to consider this first. As this involves the question of how best to administer the drugs we have chosen, it deserves rather more attention than my limits will permit.

The patients to whom we administer drugs may be divided into three classes: 1, those who are so ill as either to offer no objection to swallowing anything prescribed, or, on the contrary, strenuously objecting to everything. To the latter division of this class may be added young children accustomed to rule the house; 2, people who, though perhaps not quite sick, are still not wholly well, and whom consume medicine largely as a matter of habit; 3, people who consult physicians for want of some more active employment.

The first class of patients, those who are really ill, of course, comprises the bulk of those with whom there is any difficulty. With adults not too sick too appreciate their condition, and consequently both able and willing to co-operate with us, there is commonly little trouble in administering anything necessary, and we are only required to choose the most efficient preparation of the drug desired. And here at once arises the vexed question, what are the most efficient preparations? If we are willing to accept the opinions of those who claim to be extremely solicitous for our welfare—the manufacturing druggist—we can have this question settled for us in the shape of A's pills, B's granules, C's fluid extracts, etc. If, however, we consider it among ourselves, we shall probably reach different conclusions. Now, it is the habit of some to consider the alkaloids or other active principles of vegetables as the most efficient preparations, and to use them exclusively, making morphine, for instance, represent opium, atropine, belladonna, strychnine, nux vomica, and so on, overlooking the fact that these alkaloids do not fully represent the drugs from which they are derived. In other words, they fail to recognize the fact that there is a time to administer morphine, and another for solid opium; that, while strychnine has its uses, nux vomica has its peculiar sphere. Moreover, the extreme practitioners of this class often employ these potent active principles in the form of gelatin or other coated granules, whose ready solution in and absorption from the alimentary tract is a matter of conjecture. I am not in sympathy with this mode of practice; still less with that whose commonest dose-measure is the hypodermic syringe. The best preparation of a drug I conceive to be that which most completely represents the crude article; and, of vegetable remedies, this is more commonly in a liquid form. I would relegate alkaloids and other active principles to their proper place, and use them in solution, if practicable, by the mouth when possible, otherwise only when necessary. And when necessary to employ remedies in pill form, these should be freshly made, commonly by extemporaneous prescription, rather than turned out by the thousand dried, coated, polished, and impregnable. And I firmly believe there would be much less complaint of the uncertainty of drugs if they were employed in this manner.

And here I wish to add one word for the benefit of those whose bugbear is *polypharmacy*—the giving of numerous drugs in one and the same dose. I see nothing irrational in the in-

telligent combination of drugs, and, theoretically, at least, no limit as to the number which may be thus combined and administered at a single dose. On the contrary, it seems to my mind much more commendable than the practice of frequent alternations, which only serves to annoy the patient. A young physician, in my hearing, once boasted of his physical endurance in watching with a patient six weeks, and administering medicine every 15 minutes. Though the patient lived, I hardly consider the case as evidence against the wisdom of combining remedies, if for no other purpose than to lengthen the intervals between doses. With remedies chosen in the manner indicated, I believe there will occur but little difficulty in treating all really sick people whose co-operation is obtainable. Regarding the obdurate, and the fractious children, I have no suggestions to make. Certainly the most elegant pharmacy will be of little avail.

As to the second class of patients, the habitual medicine-takers, why, it is altogether immaterial. If they require medicine at all, give it in the most efficient form, without regard to taste. On the whole, I think a decidedly bad-tasting mixture, one which stays by them, suits them best. Certain it is that some of the vilest tasting proprietary compounds have had the largest sales, and not because they restored those who consumed them, either. The same is true of pills: those which are the most drastic are most highly appreciated.

Regarding the third class, still less need be said. They consult you, as I have said, for the want of more active employment. If you care to bother with them at all—it is business that pays—let them have *elegant pharmacy*, the more elegant and less efficient the better.

PUERPERAL MANIA.*

BY T. K. HOLMES, M.D., CHATHAM, ONT.

That form of mania following and depending upon childbirth and the puerperal state is of much interest, because of its frequency, danger, and liability to become chronic. The object of this paper is not to enter into a discussion of the subject very fully, but to invite attention to some points that I have found of much importance in the successful management of some of these cases. The views advanced are the result of the clinical observation of twelve cases of the disease which I have either had under my own care or have seen in consultation. Only those cases that have been examined with sufficient care to enable them to be of use in establishing the views advanced in this paper will be reported.

* A paper read at the 9th Annual Meeting of the Detroit Medical and Library Association.

The chief causes of puerperal mania, as given by all authorities I have been able to consult, are heredity, moral influences, dystocia, anæmia, and eclampsia as predisposing; while as exciting causes are mentioned moral emotions, toxæmia, albuminuria, and exhaustion. Clinical observation of a number of my cases leads me to the conclusion that there is another etiological factor of frequent occurrence that I have been unable to find mentioned by any writer. I refer to laceration of the cervix uteri. Doubtless it will occur to everyone that, as this accident happens so frequently and no mania results, little reliance can be placed on it as a cause of puerperal mania. The same, however, is true of all causes mentioned above, the conditions existing without the supervision of maniacal symptoms.

The explanation of want of uniformity in results from uniform causes lies in the great diversity of material upon which these causes act. What would excite mania in one person might produce hysteria, melancholia, or neurasthenia in another. It may also be objected that a large number of these cases of insanity recover without having the laceration cured. This is true, but it will be admitted that the great majority of lacerations heal spontaneously in a few days or weeks, corresponding in time to the recovery of sanity in most of these cases; and even where they do not heal, they undergo change and become covered by mucous membrane, which lessens very much the local sensitiveness and favorably modifies the condition of the torn surface.

There are circumstances, moreover, connected with this form of insanity that lend plausibility to the view above stated as to causation.

DR. BUCKE has pointed out, in his book on "Man's Moral Nature," the strong probability that this has for its physical basis the sympathetic nervous system, and that disease of those organs exclusively, or almost exclusively, supplied by that system leads to perversion of the moral and emotional nature. This only requires to be done to a sufficient degree to constitute a form of insanity. He also calls attention to the fact that disease of the stomach, ovaries, suprarenal capsules, and uterus, organs entirely—or almost entirely—supplied by the sympathetic system of nerves, produces disturbance of the moral and emotional faculties altogether disproportionate to the gravity of the disease, while other organs receiving a very small supply from the sympathetic—as the lungs—may be fatally diseased, as in phthisis, without causing even much depression of spirits, so that the hopefulness and cheerfulness of the consumptive have become proverbial.

The well-known changes that take place in the composition of the fluids of the body during pregnancy and the puerperal state, and the

constant demands made upon the emotional nature by fear, anxiety, and domestic cares during pregnancy, are sufficient predisposing causes to render easy an outburst of mania upon the supervention of an exciting cause. The fuel is ready, and only requires the match to inaugurate the conflagration. It is not unreasonable to suppose that an accident so serious as a cervical laceration in an organ almost exclusively supplied by the great sympathetic should act as the match and set the system ablaze.

The foregoing considerations would be valueless unless confirmed by clinical experience, and it is with the hope of contributing confirmatory evidence of this kind, and so adding something—however slight—to the knowledge of this subject, that the following cases are reported:

CASE I. MRS. JOS. F——, of good family and personal history, was delivered of her first child on the 17th of Nov., 1869, and became maniacal on the 20th of the same month. I saw her first on the 14th of Jan., 1870, and then learned that she had not been sane since her child was three days old. She showed no love for her baby, took no interest in her domestic duties, and required to be kept under some restraint. There was a multiple laceration of the cervix, which, under the plan of treatment then practiced would have required several months to cure. Circumstances prevented this prolonged treatment from being carried out, so she was sent to an asylum, where, I believe, she died about two years afterwards without having recovered sanity.

CASE II. MRS. H——, aged 25, was free from hereditary tendency to insanity, and had had an excellent personal and family history. Her health during pregnancy was exceptionally good, and her labor was apparently easy and natural.

The child was born on the 9th of Jan., 1874, and on the 13th she showed signs of melancholia and complained that her friends had lost all affection for her. She was morose and frequently cried, but no marked change was noticeable for three months, when she became worse, expressing herself doubtful of the legitimacy of her child and becoming suicidal. Other means failing, a uterine examination was made, and a laceration detected. It healed rapidly under appropriate treatment, when all mania disappeared, and her health has remained excellent. She has borne two children since.

CASE III. MRS. JOS. R—— had her fourth child on the 28th of Oct., 1877, and was well until the 30th, when she suddenly became violently insane. Chloral was given to secure sleep, and at the end of two weeks she regained sanity, but continued in bad health and very nervous and despondent for the next two years, when I was led to examine the uterus, and discovered a stellar laceration. This was cured, and her health has been robust since. Two subsequent confinements have not caused any return of the symptoms of nervousness or insanity.

CASE IV. MRS. JOSEPH B——, a primipara of good history, was delivered in November, 1877, and became maniacal within a week. I saw her first on Dec 5th, when the disease had lasted about a month.

An anæsthetic was administered and an examination made, revealing a bilateral laceration of the cervix uteri. Copious douching of the torn parts with hot water produced almost immediate improvement in her mind, and by the time the laceration was cured the maniacal symptoms had entirely disappeared, and her health has remained good up to the present time. My friend DR. MURPHY also saw this case.

CASE V. MRS. THOS. M——, of good history, was confined on the 29th of Jan., 1883, and within ten days became morose and silent, disregarding her child and refusing to converse with her friends. During the summer she became worse, and several times escaped from home, and on one occasion spent the night wandering in the woods. I saw her first on Sept. 2d, 1883, and found her morose and disinclined to conversation or to any domestic duties. She was emaciated and sleepless, and could not be persuaded to take medicine of any kind. A uterine examination showed a cervical laceration which, although slight in extent, was slow in getting well, owing to irregular attendance, as she lived a number of miles from town and could not be seen as often as necessary. Treatment was continued until December 5th, with gradual improvement in her mind and in her general health, and as the local ailment was now well, the subsequent treatment was medicinal and hygienic, and by the end of February, 1884, she was as well as ever, and has remained so.

CASE VI. MRS. F. G——, a patient whom I saw in consultation with DR. MURPHY on the 10th of January, 1877, and found her with a young baby and violently insane. A uterine examination was spoken of at the time, but it was not made owing to her unmanageableness. DR. MURPHY pursued the usual plan of treatment recommended in these cases until April 24th, when her husband, on his way to the asylum with her, called at DR. MURPHY'S office. By the doctor's courtesy I saw her again at that time, and we succeeded in making an examination of the uterus, and found the cervix quite badly lacerated. The doctor informs me that the contemplated asylum treatment was abandoned, and that as soon as he cured the local lesion she regained sanity and has had no relapse up to the present time.

CASE VII. MRS. WM. T——. Was called

to see this patient on the 16th of November, 1884, with the view of obtaining her admission to the London Asylum, and did obtain permission from the authorities there to have her sent.

At the time of my visit I explained to her husband the possibility that her mania, which began three months previously, and very soon after child-birth, might be due to cervical laceration. Before a vacancy in the asylum occurred, I examined her and found, as I had surmised, that the cervix was lacerated. The laceration was cured, and with the result of a complete restoration of her mental faculties, which has continued till the present time.

CASE VIII. M. D——, a primipara, age 21, unmarried, was confined in a Detroit hospital on the 3d of May, 1885. The labor was difficult, and on the fourth day she became maniacal and escaped from the hospital, but was found two blocks away and brought back. She remained very insane until the middle of July, when improvement began.

DR. MCKEOUGH examined her on the 28th of July, and found a small laceration, angry in appearance, and there was a copious cervical discharge. These have now been nearly cured, and while she is still rather morose, she has resumed her usual domestic duties and is in fair health.

CASE IX. MRS. J. R——, age 20, a primipara, was confined on May 3d, 1884, and became insane on the 6th. Under moral and medicinal treatment, she became more sane, and was able to be brought into town, a distance of fourteen miles, on June 7th, when an examination made by DR. MCKEOUGH and myself revealed laceration of the cervix. This was cured, and her health, both mental and physical, has been good since.

CASE X. MRS. H. E——, aged 24 years, of good history, was delivered of her third child in March of the present year, and remained well, but sleepless, until the eighth day, when she suddenly became violently insane. She received careful and attentive treatment from the medical attendant, but made no improvement, and required constant watching and restraint. I first saw her on the 14th of June and performed trachelorrhaphy. Improvement since has been steady, and she is now in perfect health, both mentally and physically (able to do most of her household duties).

CASE XI. MRS. J. R——, age 39 years, was delivered of her fifth child seven years ago, and became insane soon after, and was for some time an inmate of the Toronto Asylum. Since that time she has been well about one-third of the time, the attacks of melancholia lasting about four or five weeks, when there would be an interval of two or three weeks when she would be quite cheerful and apparently well. Her brother is in the asylum, and her father was insane and died so.

On July 13th, 1885, I performed trachelorraphy. The laceration was bilateral and extended nearly to the vaginal junction. The case is still under treatment.

CASE XII. MRS. E. R——, age 34, of good family history, had a miscarriage eight years ago, and was confined at full term, Aug. 18th, 1880. There was a small cervical fibroid tumor that rendered the labor difficult, and which I removed on the 8th of Nov. following. She became gradually more and more melancholy after the birth of the chlid, and was still worse after the removal of the tumor, being unfit to manage her household duties, and a source of great care and anxiety to her friends. There was a cervical laceration which slowly got well by the use of topical applications, and her mind recovered cheerfulness in part. In June, 1883, she was again delivered, made a good recovery, and has since remained quite well.

A clinical study of these twelve cases leads me to believe that cervical laceration is not an infrequent cause of puerperal insanity, and that until its etiological influence is known and settled the subject is well worthy the consideration of medical men.

The appointment of a specialist as consulting surgeon to each of our asylums would aid very much in the solution of this question, and if the views advanced in this paper be proved to be well founded and correct, it would be the means of restoring some to health and to their families who might otherwise spend their days in an asylum.

POTASSIUM BROMIDE IN CYSTITIS.

BY C. M. HARRISON, M. D., RAGSDALE, TEXAS.

The following case may be of interest because of the fact that the result obtained through the use of potassium bromide is a little out of the usual order:

J. L. Male. Single, age 24. Came July 18, 1885, giving the following history and symptoms: Some four or five weeks previously he began to experience a tingling, burning and heaviness, increasing to pain and tenderness, in the vesical region, which symptoms were aggravated on urination, which was very frequent. When I first saw him, he complained of severe pain, heaviness, and tenderness around neck of bladder, efforts at urination every few minutes, irresistible, and the desire uncontrolable, severe griping pains and tenesmus accompanying every effort. Quantity of urine voided small, bloody, ropy, mucous, and on standing, a thick gelatinous mass settled to the bottom of the vessel.

Has never had gonorrhœa, but is somewhat addicted to excessive venery and exposure.

On chemical examination, urine presented no abnormalities except that above stated, and a tolerably abundant phosphatic deposit.

Located in the country and having to dispense my own medicines, and not having at hand that wanted, I prescribed the following, simply as a placebo, until I could procure the remedies wanted, telling him to call the next evening:

℞ Potass. bromidi, ʒ j.
Listerini,
Aquæ ää ʒ j.
M. Ft. Solutionem.
Sig. Teaspoonful every 2 or 3 hours.

Hoping, by this, to give him partial relief from his almost unbearable agony. On his return, however, instead of being quiet as I had instructed him, he had taken a ride on horseback the distance of eight miles and was feeling better than for weeks.

Efforts at urination less frequent. Pain and tenderness lessened to a remarkable degree. In his own expression: "That little bottle of medicine did me more good than anything I have ever taken. It gave me relief in an hour after I had taken the first dose."

This was an agreeable surprise. Plainly, this could be attributed to nothing else than the potassic bromide.

Further treatment continued in the usually prescribed remedies for such troubles, together with the potassic bromide, and a complete recovery resulted. In order to test the efficacy of the potassium bromide in this case, it was from time to time discontinued, when the pain and tenderness would be found returning with the original severity, to be again controlled by its renewal.

That there is nothing new in the use of potassium bromide in cystitis, I am well aware, but so far I have failed to find where it has been used to the extent, and for the purpose of relieving the uncontrollable desire and effort at urination, and the spasmodic contractions of an inflamed bladder, producing those sharp, dragging, excruciating pains so characteristic of this affection.

How much, if any, curative effect the salt had in the above case, I am unable to say. The benefit may have been due to an idiosyncrasy on the part of the patient, but to say the least, it afforded him more comfort than is usually observed in an ordinary case of cystitis. And, while I am aware that the result of one, or even a number of cases is not sufficient whereon to predict a conclusion, I am sure it was given a fair trial in the above case, and in studying the physiological properties of potassic bromide it seems to hold, theoretically (something it has not enjoyed practically), a prominent place in the class of agents peculiarly adapted to inflammatory troubles of this viscus. Being "eliminated by the urine, diminishing sensibility of mucous membrane, by a local action as it is being eliminated, diminishing sensibility of mucous surfaces, destroys or impairs irritability of motor and sensory nerves and contractility of muscle, and exerts a sedative influence over the sympathetic system." (Vide U. S. D. and BARTHOLOW'S Mat. Med.)

That it exerts a controlling influence over the reflex functions of the cord has long been proven. The distribution of, and the relation between the superior hypogastric plexus and the cord, through the sacral plexus and the 2d, 3d, and 4th sacral nerves, and that the vesical plexus contains a large amount of spinal nerves, is well known. Then, in the presence of the above facts, it appears that the result obtained in the above case is nothing more than what might be expected from the use of potassic bromide.

OXYGEN TREATMENT OF DIABETES.

BY GEORGE SCHLOETZER, M. D., HIGHLAND, ILL.

I found recently in my mail "The Oxygen Manual," by FRANCIS L. PIERO, M. D., of Chicago. Its perusal has prompted me to say something on the "Oxygen Treatment." Oxygen is certainly a good thing, even one of the "first necessities of life," and no life, nor cure, is possible without it. But it must be administered in some other way than that suggested by DR. PIERO. Oxygen cannot be communicated by funnel, any more than wisdom can be communicated by the so-called "NURNBERGER funnel," or "TRICHTER."

It is a fact, that oxygen can be generated in a laboratory and can be bottled, thus making it possible for a small room to be filled with it, but the experiments and researches of PAUL BERT, BURCHEIM, and others, have demonstrated that the lungs cannot tolerate more of the gas than the body needs for its processes of combustion and oxidation, so that even by great compression of the gas, its excess in the system is so insignificant, that no curative results of consequence can be obtained.

An inspiration of artificial oxygen or ozone for half an hour cannot, therefore, introduce a greater amount of oxygen than a sojourn for the same length of time in pure air, and especially in the air of forests or lakes, combined with deep inspirations or walks up hills for expansion of lungs and thorax. This natural inspiration of oxygen is preferable, and can be practiced at any time, and without apparatus.

I have practiced this kind of oxygen treatment and can speak out of my own experience of its beneficial effects. I was suffering from chronic diarrhœa, acquired by exposure in the Union army as surgeon, and had, in addition,

symptoms of diabetes mellitus, dyspepsia, etc. These associated ailments superadded to the cares of an exhaustive practice, the business cares of surgeon of the Chicago City Hospital, and commissioner of Board of Health, Chicago, and family sorrows, conduced to a condition of extreme exhaustion and nervous irritability—I was, in fact, "all broken up." After a course of medicinal treatment without marked benefit, I resolved to discontinue it, and went from Chicago, by steamer, to the Traverse—Mackinaw region, on my "villa," in Emmet County, Michigan, situated on high grounds on the shore of Lake Michigan, and amongst forest trees. Here I resided in a large room with open windows, and plenty openings in the roof, and inspired during 24 hours the pure forest and lake air. I made promenades in the forests, up hill, took baths in the lake, and observed a well regulated diet. After a few months I felt greatly improved, and my urine became sugar-free. After using this "oxygen treatment" for nearly three years, during which I had a winter residence of eight months in Florida, I was able to resume my practice, which I took up in the country *procul urbe* Chicago, and now, although seventy years of age, I am feeling well enough to respond to all calls.

Dr. Vocke, a prominent physician of Berlin, in a communication to the "Deutschen Medizinischen Zeitung," reports a similar experience. After a tiresome practice of 25 years, he was affected with diabetes mellitus, for which he used opium, belladonna, hyoscyamus, tinctura cantharidum, even strychnine, etc., but without avail, and after severe suffering for two years, he had also to give up practice, and after much study, arrived at the same conclusion as myself, viz., that the most effective treatment of diabetes consists in charging the system as fully as possible with oxygen, and observing strict attention in the matter of diet. To secure these essentials he went to the forests near Baden-Baden, where he lived in the same way as I did, and with similar satisfactory results. He has now established in the forests near Baden-Baden, a sanitarium for patients suffering from diabetes, albuminuria, dyspepsia, asthma, etc. The success which attends a sojourn at this institution is sufficiently great to direct further attention to this "oxygen treatment" of these affections.

PAPILLOMA OF THE LEFT VOCAL CORD.

BY D. EMMETT WELSH, M.D., GRAND RAPIDS, MICHIGAN.

My object in bringing this case to notice is on account of the prevalence of catarrhal affections in this section, and the sequences which may result from neglect of treatment.

Papillomas are the most frequent tumors in this situation. They may be produced by any irritating substance but are chiefly due to chronic catarrh.

Mary P., age 28; occupation, chambermaid; has suffered with chronic catarrh for several years. At times the discharge was so excessive that it would drop constantly from the nose while at work; and when sleeping it would pass down the pharynx, lodging in the arytenoid commissure, causing cough and tendency to clear the throat, thereby rendering the sleep very much disturbed.

Last March she first noticed slight hoarseness in the evenings, when in the mornings her voice would be cleared, returning to almost its normal condition. This condition gradually grew worse, and in the course of a month the voice had diminished to almost a whisper.

At times during the course of conversation the voice would entirely disappear, followed by a sense of suffocation. In a little time the voice would return again to its whispering condition. These symptoms continued until Aug. 20th, when I first saw the case.

On examination, I found her to be suffering with chronic coryza, follicular pharyngitis and on the left vocal cord a papillary tumor, the size of a split pea, situated at its centre and presenting outgrowths or tufts from its edges, whilst on the opposite cord at their point of junction was an indentation, corresponding to the size of the tumor and due to the pressure it caused.

At times there was shortness of breath, easily fatigued on exertion, otherwise in a healthy condition.

The nares, pharynx and larynx were constantly bathed with mucus. The pharynx was covered with follicular degeneration.

Thinking that the tumor was an outgrowth or development from the irritation produced by the inhaling and lodgment of small particles of dust on account of her occupation, and the catarrhal process which was so general, I concluded to address my remedies toward the treatment of the same, and used the following:

Spraying the nares, pharynx and larynx daily with Dobell's solution, and by means of the powder-blower applied to the nares daily, a small quantity:

℞ Morphinæ sulph., gr. v.
Bismuth. sub nit., ʒ i.
Pulv. acaciæ, ʒ i.
M.

To the pharynx, larynx and cords daily a small quantity:

℞ Iodoformi. ʒ i.
Acid tannici, gr. x.
Acaciæ pulv., ʒ i.
M.

Internally:

℞ Pulv. cubebs, ʒ iiss.
Aq. menth. pip, f ʒ ii.
Syr. aurantii cort., f ℥ iss.
Aq. destil., q. s., f ℥ iv.
M.

Sig.—Two teaspoonfuls in water every three hours.

I continued this plan of treatment until Oct. 20th, when the tumor had entirely disappeared, the voice had returned to its normal condition, and the catarrhal trouble cured.

ABNORMALITIES IN OBSTETRIC PRACTICE.

BY SAMUEL BELL, M. D., PORT HOPE, MICH.

On the evening of the 11th of April, was called to attend MRS. T. On examination per vaginam, I found the os uteri partially dilated, labor-pains quite frequent, but of short duration, and very distressing to the patient. Remained all night.

Labor progressed no further until May 11th, when labor was quite natural, and of short duration. The nurse called my attention to something peculiar about the baby. Upon examination, I found a large cavity in the spinal column, about three inches in diameter, and about six inches in length. The cavity contained a large amount of semi-transparent liquid inclosed in a thin membrane. Part of the dorsal and lumbar region were effected by the arrest of development. My diagnosis was a case of spina bifida, with an unfavorable prognosis, which was confirmed in less than three months. The amount of fluid in the cavity decreased; the cavity itself remained about the same as at birth. Death was the result after a gradual declination of tissue formation, much to the gratification of the parents.

Patient No. 2.—Sept. 4th, was called to attend MRS. V. in first confinement. Nothing abnormal occurred during labor, with the exception of want of uterine contractions sufficient to expel the fœtus, which had the effect of retarding labor, and exhausting the strength of the patient. After opportune attention to the mother, I examined the infant, and found a large pedunculated tumor hanging from the head and attached to the alveolar process of the upper jaw. I immediately excised the mass without difficulty and but slight hæmorrhage. Nothing abnormal occurred subsequently in connection with the case.

Oct. 12.—Was called to attend a primapara. Did not arrive at the house of patient until twenty minutes after birth of fœtus, which was born dead. The placenta being still in utero, received proper attention. After due attention to the mother, the nurse called my attention to the child. I was surprised to find, upon examination, a female infant with full developed body, all excepting the head and neck. The face seemed to be normal up to the orbital arch; above that point there was nothing reaching to the occipital protuberance which was quite prominent. No cranial covering. Brains entirely absent, and not the least trace of any hair. The lower maxillary was in close proximity to the thorax. A small circular ear protruded from the side of the head much resembling that of a young pup. The occipital protuberance was in a straight line with the spinal column, the angle of the lower jaw and ear resting upon the shoulders, the neck being very short. I inquired into the mother's history during pregnancy. I learned from her that about the fifth month of pregnancy a pet dog of hers had fallen into the well adjoining her residence and was drowned, causing her considerable anxiety. Whether the above event happening just at that time, was the cause of such an abnormal freak of nature is not conclusively proven. Nevertheless, these two facts remain: 1st, that the infant's head had some resemblance to that of a dog; 2d, that during intrauterine development she received a fright. The cause is not without interest to the student of the science of development, and the psychologist.

RESECTED RIB; FOREIGN BODY IN TIBIA; RUPTURE OF LIGAMENTUM PATELLA.

F. J. GRONER, M. D., BIG RAPIDS, MICH

CASE 1.—A. S., age 24, Swede. Contracted pleurisy, right side, which resulted in empyema, one year ago last January. After aspirating patient eighteen times, a free incision was made and cavity washed with antiseptic fluids until patient was able to work, which he did for six months, when empyema returned. As incision did not allow free drainage and disinfection of cavity, on August 8th DR. BURKART and I resected three inches of seventh rib, with result of curing empyema.

CASE 2.—O. M., age 39, native of Ireland. Ununited fracture of tibia and fibula of twelve weeks' standing. Drilled fragments August 16th. Too vigorous application of muscular energy broke medium-sized BRAINARD'S drill, and left one-half inch of steel in tibia. Considerable pain for four days. On removing cast at the end of the third week union was perfect. No symptoms of trouble from foreign body at time of writing. Should trouble appear, I would trephine and remove the foreign body.

CASE 3.—A. L., aged 26, native. Fractured right thigh in upper third three years ago; partial anchylosis of knee-joint. Sept. 8th, while walking, left foot slipped forward and he fell back with entire weight on right leg, which cracked, and he supposed it was broken. On

examination, several hours after the accident, I found rupture of ligamentum patella. Patella drawn up about two and one-half inches. I treated it as I would fracture of this bone, and seven weeks after the accident I found the attachment of ligament of patella quite firm. Motion to knee-joint is not yet permitted.

Correspondence.

THE REMOVAL OF THE SECUNDINES AFTER ABORTION, BY THE CURETTE.

I have just read with much interest the very able and sensible paper on "The Management of Abortions," by HELEN F. WARNER, M.D., in the issue of Oct. 10th, 1885, of your excellent journal. The views stated therein agree substantially with those expressed by me at a meeting of the New York Obstetrical Society, February 5th, 1878 (see Am. Jour. Obst., vol. xi, p. 776), and in a short paper on "The Treatment of Hemorrhage after Abortion" in the Centralblatt für Gynäkologie, No. 6, March 16th, 1878, which latter was written on Feb. 12th, 1878, and was a reply to and a criticism of the practice of DR. BOETERS, published in the number of the Centralblatt of Dec. 22nd, 1877, and in several recent papers and letters published in the Am. Jour. of Obst.. the Obstetric Gazette, and elsewhere during 1883.

The object of this communication is to correct a statement quoted by DR. WARNER from an article by FEHLING in the Archiv. für Gynäkologie, 1878, p. 272, as follows: "FEHLING also says that MUNDE, who has, as we all know, written and spoken very warmly on this subject, first obtained his inspiration from an article of BOETTIE (should be BOETERS) in the Centralblatt für Gyn., published in 1877."

This would make it appear that I first obtained the idea of removing retained secundines after abortion with the curette, from BOETERS. But my reply to him, mentioned above, states that I used SIMS' sharp scoop in July, 1874, for this very purpose, and in this reply I opposed the use of the *sharp* curette advised by him, having since 1874 substituted for it the equally efficient and much safer *dull* curette of THOMAS, enlarged to meet the requirements of the more voluminous masses to be removed.

FEHLING, indeed, does not exactly say that I obtained the idea of the curette from BOETERS, although it is easy so to misunderstand his words. His exact statement is: "Influenced by the latter article (BOETERS') MUNDE recommends the scraping out of the uterus with the loop of flexible copper wire devised by THOMAS, in SIMS' position."

The fact is, as is proved by an article presented by me to the Edinburgh Obstetrical Society on January 23d, 1878, on "The Dull Wire Curette in Gynecological practice," and published in the Edinburg Med. Journal, that I employed the curette long before BOETERS, and even before SPIEGELBERG recommended it in 1876 (see note by SPIEGELBERG to FEHLING'S article), for in the article just mentioned I reported thirteen cases (the first operated on December 18th, 1874) in which I removed placental fragments with that instrument.

I do not care so much for the question of priority, for doubtless others have done the same operation long before me. But I do not wish to be quoted as having borrowed a practice from another, when in reality I preceded him by fully three years.

Very truly yours,

PAUL F. MUNDE.

20 West 45th st., New York.

HOW SMALL-POX HAS BEEN INTRODUCED INTO THE UNITED STATES FROM CANADA.

About August 6, 1885, a French-Canadian family, consisting of the mother and six children, passed through Port Huron from Montreal to Marinette, Wisconsin. They met with no detention at Port Huron, or at any point through Michigan, Illinois, or Wisconsin, as it was before the present system of inspection was established. From this family resulted eighteen cases of small-pox, with four deaths. The outbreak was promptly suppressed by the health authorities at Marinette.

Another French family, named PICHER, left their home near Montreal, Sept. 22, 1885, were detained at Detroit, "examined, fumigated, and vaccinated." The family consisted of father, mother, and seven children. They passed Detroit Sept. 23, and reached their destination, near Coleman, in the township of Peshtigo, Wisconsin, on the night of Sept. 24. About a week after their arrival in Wisconsin, four of the children were taken sick with small-pox, but it was not discovered until a large number had been exposed. I am informed by J. J. SHERMAN, M. D., health officer at Marinette, Wis., that "the vaccination at Detroit was complete and effective on three, and greatly modified the attack on the other four."

DR. SHERMAN, writing Oct. 30, 1885, in regard to these cases, says: "Of course it does the immigrant good to vaccinate him, and no doubt prevents the spread of small-pox altogether in many cases, * * * only I do think that immigrants from infected districts should be held, when they have not been vaccinated or had small-pox, until the vaccination gives evidence of working, or until it was morally certain that the disease was not in the incubative stage; and if possible, notices forwarded to the health officer of the towns to which they were

going, that they might be kept under surveillance until all danger of contagion was passed."

Very respectfully,

HENRY B. BAKER,
Secretary.

Office of the Secretary of the State Board of Health,
LANSING, Mich., Nov. 2, '85.

A CASE OF DEATH FROM HICCOUGH.

I wish to present the following case:

J. O., male, aged 63, was taken, Oct. 23, with an ordinary remittent. I was called the 24th, and administered anti-malarial remedies. The fever was so persistent that, inasmuch as there was slight tenderness in the right iliac fossa, and the temperature had the daily range of typhoid, I began to suspect I had that disease to deal with.

On the 28th I gave 7 grains of calomel at 7 p. m., and left three 10-grain doses of quinine, to be given at 5, 5:30 and 6 o'clock the following morning, the 29th. At my visit that day I found the temperature normal, which remained so.

On the 26th patient began to hiccough occasionally. This continued to increase in force and frequency, and by the 28th demanded relief. This I failed to give.

I gave all the usual remedies, and tried everything that myself and able counsel could think of.

I had just read the report of a case in which DR. SHULTZ, of Mt. Vernon, Ind., relieved a patient of this singular condition with nitroglycerin.

It failed in this case. Ergot, which has been recently reported successful, failed. I desired to try cocaine, but could not procure it.

The patient died from exhaustion at 5 p. m., the 31st, the hiccough continuing to the very last.

This case may not be interesting to the majority of your readers, but I assure them that if ever they meet a similar one, they will not forget it soon.

An article on the causes, remote and immediate, pathology and treatment of singultus, would now be interesting reading to me. I ask the writers for the AGE to contribute such articles.

C. E. MARLETTI, M. D.

TRILLA, ILL.

SUCCESS HATH MADE ME MAD.

We notice in a recent number of a Detroit journal that its editor has really had an order for 500 copies of one of his books, from England. He says that they are to pay him £——! He then adds that "very few American medical authors have had as pleasant foreign experiences." He should add "especially such men as FRANK HAMILTON, GROSS, FLINT, and the like." Truly this sudden success hath made him mad, for, on another page, he starts a "guessing school" in keeping with the dignity of his calling.

If an individual only "guesses" a certain number which is hidden in an envelope, he is entitled to a "sound," "speculum," or "syringe." We fear the doctor will lose money, for medical men, as a rule, are constantly engaged in "guessing," and frequent post-mortems have verified or corrected their guesses to such an extent that the older members of the profession can now guess it pretty close.

But we congratulate this editor on now offering some inducement to young physicians to take his journal. They may at least acquire greater proficiency in the art of "guessing."

We also congratulate you, Mr. Editor, in not being obliged to offer prizes to people to get them to read your journal, which journal is the brightest, crispest, and best that comes to my table.

"GUESS" WHO.

ANN ARBOR, Mich.

GRINDELIA ROBUSTA IN ASTHMA.

The effects of a trial of grindelia robusta in my own person have been marvelous. I have been suffering from a slight bronchial catarrh which often became unpleasant through the asthmatic attacks following, slightly increased. I have so relieved myself by the daily use for three days, of three doses of 25 drops of the new drug, that I feel as though I had never been ill.

A patient of mine who suffered much from a severe chronic bronchial catarrh, emphysema, and frequent asthmatical attacks, has been so much relieved by the use of the same extract for the period of eight days, that she is at a loss for sufficient thanks. The same woman who a short time ago passed whole nights out of bed, struggling for needed breath, and who could secure only slight ephemeral relief by the use of morphine and all possible expectorants, after only an eight-days' use of the extract of grindelia robusta, is now in the enjoyment of each night's peaceful sleep, and has so much improved her bronchial catarrh, that by careful examination, scarcely a trace thereof is to be found.

DR. ANTON MISNER,
Kreis-Physicus.

LALA SET-GROETH, HUNGARIA.

CARING FOR THE NEW-BORN CHILD.

What are you doing at the "Old Practitioner"? There may have been some oversight in physiology, but, altogether, his method of procedure seems quite proper. You must bear in mind that the heart acts as a force-pump and also as a suction-pump. The suction power of the heart has more or less influence on the venous circulation in all cases, and, no doubt, the pabulum or nutritive principle, passes through the umbilical vein until the last moment. We know the change in the circulation takes place gradually, and that it should not be hurried. Tying the cord before it ceases to pulsate seems like forcing nature, and, no doubt, produces more or less damming up, and probably interferes with the action of the heart. It is on this principle that the cord is untied and allowed to bleed in some cases, to relieve congestion.

Having the placental end of the cord tied is always advisable merely for the sake of cleanliness. I well remember when I overlooked some of these details and was unable to fully appreciate them.

"YOUNG PRACTITIONER."

BAY CITY, MICH.

An Indian physician was holding forth the other day to some of his brothers of the craft in England. "You, Sair, in the West," he said, "do not understand the practice of medicine. In my country if a Raja with nothing of sickness sends for me, I go and say, 'Sair, your case is a bad one; you will be worse before you are better.' I give him some medicine and I go away. The next day I go again, and I find him heaving like a sea-sick mandarin and wishing that the son of his mother had never seen the light. 'Sair,' I say, 'I told you so; you have passed a great crisis. There is no more need of medicine. Another sun will see your cure complete.' I then collect my fees and go away. When I have cured a few more Rajas I shall come again to your country and take a villa on your little river Thames, with the green turf sloping down to the water-side." There is not so much difference between the East and the West, after all.

The specimen-copy fiend is again numerously abroad in the land. He will please take notice that his request for a copy of the AGE "to examine it with a view to subscribing" must be accompanied with a five-cent stamp. All requests not thus accompanied are incontinently thrust into the waste-paper receptacle. Business is business.

The Medical Age.

A SEMI-MONTHLY REVIEW OF MEDICINE.

JOHN J. MULHERON, M. D., Editor.

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Editorial.

SURGICAL TREATMENT OF PERITONITIS.

Surgical treatment of peritonitis is a high sounding phrase not infrequently met with in this day of heroic surgery. It contemplates an incision through the abdominal wall into the peritoneal cavity for the purpose of permitting a free escape of the peritoneal fluid which some writers claim becomes with micrococci deleterious to the health of the patient, and which only used to be conducted out of the body to make the recovery of the patient tolerably certain. Or it contemplates opening the abdominal cavity and a search for the causes of peritonitis. The foreign body which has been projected into the cavity through a wound of the abdominal walls, the intestinal contents which have escaped through some solution of intestinal continuity, the putrid and septic uterine fluids which are poured into the cavity by the retrostalsis of the fallopian tubes may each or all be objects of search. Abscesses in the floor of the pelvis, or in the pelvic or peritoneal cellular tissues, opening into the peritoneum; injuries or diseases of the urinary passages which in any way cause an escape of urine into the peritoneum, or any accident or disease having a tangible *materies morbi* giving rise to a peritonitis, may be reached and remedied by the surgical operation implied in the title at the head of this article. So many of the alleged causes of peritonitis are embodied within the scope of surgical treatment that one may doubt the existence of a peritonitis of purely idiopathic origin, and hold that in all cases the abdominal cavity should be laid open and diligent search made for the offending cause until perseverance meets its reward. When we contrast the promise of such treatment with the result of actual treatment, we feel that there remains little to be done to make peritonitis one of the most harmless and trifling ailments. But we must never lose sight of the fact that surgical promises and surgical results are two separate and distinct things, that a surgeon may be great on paper and poor in practice. Unfortu-

nately the literature of the surgical treatment of peritonitis teems with promises rather than with the records of results of surgical treatment. The almost uniformly fatal termination of peritonitis treated with drugs and topical remedies in accordance with the popular custom ought to stimulate some of our American surgeons to make a bold strike and give us the result of a hundred cases of peritonitis treated by abdominal section. The showing could not be much worse than the results of hundreds of cases treated with opium and camphor, bran poultices, turpentine stupes, and what not.

At rare intervals we hear of some courageous surgeon opening the abdomen in cases of gunshot wounds. In the majority of instances he is successful, and, why? Because, 1st, there is no evidence that the operation adds to the shock, and, 2d, he is tolerably certain to control hæmorrhage, to remove foreign bodies, and to secure the coaptation of peritoneal surfaces so that healing may take place. Why then should every city and every community witness cases of peritonitis, or whatever you may choose to call it, terminating fatally and no one practitioner strong enough to do what reason and experience prove are right? One simple anatomical fact ought to show that abdominal section is the only safe way to treat peritonitis growing out of gunshot wounds, and that is the relation which the mucous coat of the wound bears to the peritoneal coat—the former being so much in excess of the latter that when a wound penetrates the intestinal coats the mucous coat is of necessity extruded through the wound so that the peritoneal surfaces cannot come together and coalesce so as to close the wound. This fact maintains a fistulous opening between the cavity of the peritoneum and the cavity of the intestine. Abdominal section permits the surgeon to turn back into the cavity of the intestine, where it belongs, the mucous coat, and to properly oppose two peritoneal surfaces so that healing of the wound is possi- and a cause of peritonitis may be removed.

SMALL-POX AND VACCINATION.

The progress of the epidemic of small-pox in Montreal affords little hope that the disease will be confined to the limits of that unfortunate city. In spite of the efforts at its suppression which, it is said, are being vigorously put forth, the daily mortality does not seem to be diminishing, the deaths for over a month averaging about fifty a day. Small-pox is commonly regarded as a disease of the winter months, and the existence of the contagion in the Canadian city at this near advent of cold weather makes the prospect far from encouraging. In spite of the strictest inspection of travelers from the infected district and its more immediate vicinity, the germs of the disease will probably be transported to form new nuclei from which they will be disseminated. The only possible means of preventing this transportation of the contagion would be the detention of travelers, after the suggestion contained in the communication by Dr. H. B. Baker, published in another column. This would, however, be clearly impracticable. It would place an embargo on travel which the interests of commerce would not tolerate. To detain at the borders the thousands of travelers who enter this country from Canada, or even the hundreds who come more or less directly from Montreal and vicinity, each week, for a sufficient length of time to determine whether they are in the incubative stage of the disease (10 to 14 days), or whether the vaccination to which they were subjected, perhaps on the eve of their departure, has been successful (requiring from 6 to 10 days), would be absolutely out of the question. The most that can be done with such travelers is to exact of them the proofs of recent vaccination, or on their failure to furnish them, to subject them to the operation.

The question of the efficacy of vaccination as a prophylactic of small-pox, presents itself in connection with the reports of the occurrence of the disease in those on whom even recent operations were, to all appearances, successful. The only logical conclusion from such occurrences, is that a single vaccination is not a reliable preventive. If small-pox is to be deprived of the pabulum on which it feeds, the susceptibility of the person to the vaccinia virus must be thoroughly eradicated by repeated vaccinations, if necessary. The child whose arm presents the most characteristic vaccinia pustule must not be held to be proof against variola, until, at least, subsequent attempts at vaccination have demonstrated its insusceptibility. This is a practical point of paramount importance, but although it has been warmly insisted on by such a high authority as Warlomont, it is very generally disregarded. It behooves the practitioners of medicine in places on the highways leading from infected districts especially, to press upon their patrons the great necessity not only of vaccination but of revaccination. Until every person in a community has been convinced by the non-successful outcome of vaccination with virus of unquestioned activity, that his system has undergone that inexplicable change which removes the susceptibility to vaccinia, small-pox will continue to be the opprobrium of preventive medicine.

DOVER'S POWDER AND ITS MODIFICATIONS.

Dr. B. W. Richardson ("Asclepiad," N. Y. Medical Journal), after giving in brief the history of a case of "septinous pneumonia" (a term which he applies to pneumonia "induced

by inhaling some toxic product from a cess-pool"), says that in cases of that sort there is no such anodyne, no such soporific febrifuge, as Dover's powder. If he could envy any one as a therapeutist, he says, it would be the old physician who originally had the happy thought of blending astringent opium with relaxant ipecac, and both with a diuretic and laxative. He thinks it is often very good practice to modify Dover's powder by combining the one grain of opium and the one grain of ipecac with other salines than sulphate of potassium. True Dover's powder, he continues, contains the nitrate as well as the sulphate of potassium—four grains of each in ten grains of the compound—and it often seems to him reasonable to revert to this form, nitrate of potassium, in small doses, being a good diuretic. He also often ventures upon other modifications: in acute rheumatic fever he usually substitutes sodium salicylate for the potassium salt; in gout, bicarbonate of sodium; in remittent febrile cases, two grains of quinine with five of sodium salicylate; and in quinsy and other febrile throat affections, chlorate of potassium.

Notes.

SIR JAMES PAGET has been carefully studying the question What Becomes of the Doctors, and reports that of 1,000 medical students whose careers were carefully followed, 23 attained eminence or gained leading practices; 66 had considerable success, gaining more than ordinary influence in their immediate vicinity; 507 were fairly successful, being able to live by their profession alone; 124 had an exceedingly limited practice, and 56 failed entirely; 96 (or nearly one-tenth) abandoned the profession entirely; 87 died after entering practice, of whom five suicided, and 41 died while at college, most of them of phthisis, though two of them committed suicide. This compilation was made in England; in America the proportion that leaves the profession to engage in other pursuits would be found to be much greater.

The Denver Medical Times reports two cases which present some peculiarities: One, a case of perityphlitis, "keeps up his strength very well, and has no temperature." The other, a case of epithelioma of the rectum, "passes his bowels unconsciously."

Faith doctor to patient, with whom he has just had a seance: "Now, sir, you are better. Tell me just how you feel." "Well, sir," replied the victim, "I feel like a —— fool. How much is your bill?"

A man out west swallowed a five-dollar gold piece, but so tenacious of lucre was he that the stomach pump was able to remove only $4.50.

Book Notices.

THE SCIENCE AND ART OF MIDWIFERY. By William Thompson Lusk, A. M., M. D., Professor of Obstetrics and the Diseases of Women and Children in the Bellevue Hospital Medical College; Consulting Physician to the Maternity Hospital; Visiting Physician to the Emergency Hospital; Gynæcologist to the Bellevue Hospital; Fellow of the American Gynæcological Society; Corresponding Fellow of the Obstetrical Societies of Edinburgh and London, etc New edition, revised and enlarged. With numerous illustrations.
New York: D. Appleton & Co.
Detroit: John MacFarlane.

A treatise on a subject having so many volumes devoted to it, which in the short space of three and a half years has passed into its third edition, must be possessed of a high order of inherent worth. The book before us is such a treatise. It is now very generally accepted as *par excellence* the best work on midwifery by an American author. Its excellence rests in the fact that its author's facilities have enabled him to speak from experience of the value of everything of a practical nature mentioned in the literature of the subject of which he evinces a very comprehensive familiarity. We took occasion on the appearance of the first edition of the work, to note its points of superiority, and shall now content ourselves with a brief notice of the chapter on puerperal fever. The author quotes, with his approval, the dicta of FORDYCE BARKER, that puerperal fever presents no characteristic lesions; that such lesions as may exist are not sufficient either to influence the course of the disease or to cause death; that there may be even severe inflammation of the organs without the presence of the essential characteristics of puerperal fever; that when lesions are found they are essentially different from such lesions when they occur idiopathically; that simple inflammations in puerperal women are not communicable, but that the inflammations occurring in connection with puerperal fever may be communicated from one woman to another through the medium of a third party. The disease consists essentially of a constitutional infection (septicæmia), with or without local manifestations. The author enunciates the following propositions, which he freely elaborates, in support of this theory:

1. It is demonstrable that septic poisons are capable of producing the lesions ordinarily associated with puerperal fever.

2. Septicæmia is a disease characterized by the invariable presence, in the organism infected, of minute bodies, generally termed bacteria.

3. Pathogenic bacteria are generally associ-

ated with puerperal fever, and to them the infectious qualities of the disease are due.

4. The presence of germs in puerperal fever serves not only to fix cases hitherto doubtful in the category of septic diseases, but affords the most satisfactory explanation of the protean phenomena of puerperal fever itself.

5. The differences between surgical and puerperal septicæmia are due to differences partly structural and partly physiological in the wounded surfaces exposed to septic contamination.

6. In the present state of our scientific knowledge it is necessary to admit that there is a limited number of febrile and inflammatory disturbances occurring in puerperal women, the bacterial origin of which may be fairly questioned.

The author attaches great importance to the suggestions of LISTER in the prophylaxis of this disease. He regards all LISTER'S teachings touching the hygiene of lying-in hospitals as among the triumphs of modern science. These hospitals have ceased, through these teachings, to be pest-houses, and it is now a question whether forlorn women, confined in properly conducted maternities, are not actually safer in child-bed than the fortunate classes in their own houses.

While admitting the great value of vaginal injections in puerperal fever, the author admonishes to great caution in their use, and gives the following rules, from HEROFF, for the guidance of the physician:

1. The quantity of fluid used for a single irrigation should not exceed two quarts.

2. The irrigation should not be prolonged.

3. During the irrigation the utmost pains should be taken to secure the free exit of fluid from the entire utero-vaginal canal.

4. Corrosive-sublimate injections should not be employed in cases of atony of the uterus, and should, if possible, be omitted in anæmic women, in those suffering from kidney affections, and in patients who have previously been subjected to mercurial treatment.

5. As a general rule, the injections should be superintended by the attending physician in irrigation of the uterine cavity, and when strong solutions are employed. In cases of need, skilled nurses may be deputed to conduct the vaginal irrigations, but the solution should not exceed in strength 1:5000.

6. Only a continuous stream with moderate pressure should be employed.

The demand on our space forbids a notice of the more strictly medicinal treatment of the disease. Suffice it to say that the author has given us the most modern views attended by the results of his own extensive experience. The work, as a whole, is one without which no physician aiming at scientific method in midwifery should fail to possess himself of.

PRACTICAL THERAPEUTICS. A Compendium of Selected Formulæ and Practical Hints on Treatment, Systematically Arranged, Interleaved and Copiously Indexed. By Edward J. Bermingham, A.M., M.D., Fellow and Ex-Vice-President of the American Academy of Medicine; Member of the Société D'Anthropologie de Paris, etc.
New York: J. R. Bermingham, Publisher, 1285 and 1287, Broadway.

We take exception to the title of this book. It is nothing more than a selection of formulæ, and to call it a treatise on practical therapeutics is misleading. "Practical Therapeutics" confined to a mere collection of prescriptions cannot be anything more than routinism. The practical therapeutist demands something more than this. While he is willing and, indeed, anxious to receive suggestions from those high in authority, he could not, even if he would, base his practice on formulæ which others have found useful in conditions which they have themselves diagnosed. It may safely be said that no disease is exactly alike in two different persons, and herein lies the evil of all attempts to treat it after the routine method which ready-made formulæ contemplates. Strictly speaking, it is an error fraught with much mischief which leads the practitioner to treat diseases according to their names. The intelligent practical therapeutist never does this, any more than the practical seaman handles his ship according to set formulæ laid down for the gentle breeze, the stiff breeze, the gale, the hurricane, etc. He has a patient under his care and while he may find it necessary to satisfy his patrons, to give the special form of disturbance a name, he is trammeled by no such restrictions in writing his prescriptions.

Books of formulæ are, however, not really worthless. When properly used, and not abused, they may be valuable, and for those who appreciate properly their uses, the collection made by DR. BERMINGHAM will be found among the most valuable in the market. It is handsomely gotten up, and the blank pages interleaved between each two pages of the book proper are very convenient for making notes.

A TREATISE ON NERVOUS DISEASES; Their Treatment and Symptoms. A Text-book for Students and Practitioners. By Samuel G. Webber, M.D., Clinical Instructor in Nervous Diseases, Harvard Medical School; Visiting Physician for Diseases of the Nervous System at the Boston City Hospital, Member of the Massachusetts Medical Society; Member of the American Neurological Society, etc.
New York: D. Appleton & Co.

If one is to judge from the frequency of the appearance of new books on the subject, he will be forced to conclude that increased attention is being paid to nervous diseases. The fact, moreover, argues progress in practical medicine, for the importance of the nervous system in the etiology of disease is so great that its growing recognition must conduce to more intelligent therapeusis. The book before us is

especially adapted to the needs of the general practitioner who, though conscious of his inability to discern and trace the nervous element in the cases under his care, realizes very fully that this inability is not consonant with the best interests of his patient. The subtle influence of the nervous system in organic as well as in functional disease, so called, the peculiarities of reflex action, etc., cannot remain undetected in connection with a diagnosis on which to base the most successful treatment. DR. WEBBER has not written for the specialist, but for the student and general practitioner, who will find in his book what they most need for the diagnosis and treatment of the diseases as they present themselves in general practice. His style is very readable and lucid, and is well adapted to those who have not specially prepared themselves to understand the peculiar language of the more advanced neurologist. He covers very completely the field of nervous affections, and his book will prove a very valuable acquisition to the library of the intelligent physician.

EPILEPSY AND OTHER CONVULSIVE DISEASES: Their Causes, Symptoms and Treatment. By W. R. Gowers, M. D. F. R. C. P., Assistant Professor of Clinical Medicine in University College; Senior Assistant Physician to University College Hospital; Physician to the National Hospital for the Paralyzed and Epileptic.
New York: Wm. Wood & Co.

The work is the September number of WOOD'S Library, and is based on the author's experience, principally acquired in the National Hospital for the Paralyzed and Epileptic. It is largely made up of the Gulstonian lectures delivered by the author before the Royal College of Physicians, of London, in 1870. A more comprehensive discussion of the etiology, symptoms, pathology, diagnosis, prognosis and treatment of this distressing disease does not exist. It contains, moreover, numerous reports of cases in the author's experience, and as a clinical treatise is invaluable. The various drugs employed in treatment are discussed in reference to both their physiological and their therapeutical action.

Medical Progress.

SYRUP TRIFOLIUM COMPOUND IN THE TREATMENT OF SYPHILIS.—PROF. EDWIN F. RUSH, in Chicago Medical Times, Oct., 1885, under the title of "Remarks on the Treatment of Syphilis," suggests a new formula for the relief of this malady. We quote DR. RUSH'S article entire, except the narration of cases:

For more than a year the advertising columns of the medical journals throughout the United States have paraded before the medical public a new alterative represented to be superior to anything hitherto known, in the promptness and certainty of its curative action in syphilitic affections.

The name under which this preparation courts the approval of the medical profession—"Succus Alterans"—seems hardly in accordance with our nineteenth century ideas of pharmaceutical nomenclature, and it, moreover, has a certain proprietary character, since we read on the label that it is prepared under the exclusive sanction of DR. G. W. MCDADE. Following up the history of this compound, we learn that the formula was imparted to a paleface by one of the learned aborigines, who had for many generations treated successfully constitutional syphilis. That even the untutored savage might sometimes be able to impart to the educated physician some valuable hints in therapeutics, we must admit. The man who is to make great discoveries must search especially in unexplored corners, and must have patience to winnow many a load of straw and chaff to secure a few precious grains of truth. But it is not in any credulous spirit that he must pursue his search. "Those redskins cure syphilis, while I fail; what is their secret? I'll ask them." As intelligently as he can the savage will explain his mode of treatment. I listen and learn, not accepting his rude methods by any means, but carefully studying the new phases of therapeutics which his practice reveals. Of course I might simply prescribe in a routine manner the remedies with which he has accomplished cures, and I should hope to be as successful. But with such purely empirical practice I could never rest satisfied.

In the case in question, it appears that the negroes obtaining their knowledge from Indian medicine men, cured syphilis by the use of a combination of alterative drugs, none of which are new to our materia medica. We have used the remedies individually and in various combinations with more or less success. Is it probable that the exact form of combination employed by the negroes and obtained by them from the traditions of a wholly illiterate race, should give magic potency to the same remedies whereby they assume the character of a specific? No scientific physician can accept such an idea, or entertain it for a moment.

And when we are told that, although the white man did in the first instance venture "to improve" on the rude pharmaceutical processes of the Indian, and prescribe—rationally enough—fluid extracts and tinctures in place of the decoctions of the savage, yet it is only by using the particular roots and barks collected by the man whose name the formula bears that we can really hope to have any success in the use of the combination, we feel somehow as if there was something a little insecure in the foundation for our faith in the remedy.

The experience of the writer in the use of the "Succus Alterans" has not had the effect to reassure him altogether. The remedies in combination seem to act very much as one would expect from a knowledge of their individual action. Remedies unquestionably do gain something by combination; just as flavors, to satisfy the palate, must be the result out of a multitude of feeble impressions, each in itself insufficient to produce a distinct sensation, so medicinal agents, to accomplish the best results in modifying nutrition, may exert a multiplicity of influences, all in harmony, but each in

itself insignificant. We may, therefore, expect that McDADE'S formula will sometimes effect cures, and that it will in any case give us better results than we could obtain in the use of either of its constituents separately. Still the results obtained from this combination in the writer's experience were disappointing, or at least were such as to lead to a search for something better.

First, is it true that the "Succus Alterans" really represents perfectly the drugs entering into the McDADE formula? That it does not, I think is evident from the fact that other manufacturers have produced a compound fluid extract based on the McDADE formula which in my hands has given better satisfaction than the "Succus Alterans." I have employed thus, the preparation made by PARKE, DAVIS & Co., of Detroit, known as fluid extract Alterative compound, or bamboo briar compound, and find it much more efficient than the "Succus Alterans." This is not to me a matter of surprise, since extended experience with fluid extracts prepared by this firm has given me confidence in their skill in this branch of pharmacy.

At best, however, the McDADE formula only imperfectly fulfils the indications presented in the treatment of severe cases of constitutional syphilis, and the formula admits of improvement. The writer has been in the habit of prescribing in connection with the constituents of McDADE'S formula several other alteratives, and has found as he anticipated a decided advantage in so doing. Many combinations are of course inadmissible owing to chemical or pharmaceutical incompatibilities which are not always easily foreseen, and on this account the writer availed himself of the well known courtesy of MESSRS. PARKE, DAVIS & Co. towards all members of the medical profession who are interested in pharmaceutical progress, and through their kind assistance was enabled to perfect a formula which embodies his own clinical experience, directed by suggestions from those whose superior chemical knowledge and pharmaceutical skill commanded his confidence. He is especially indebted to this firm for the information they have given him in their various publications in regard to the clinical experience of other practitioners in the use of the newer remedies, and for the investigations they have conducted in their own laboratory, or caused to be conducted elsewhere, with regard to the chemical composition and physiological action of many of their new drugs. Notably, is this the case with one of the alteratives which I have found of great value—Cascara Amarga. The profession are indebted to this house for the knowledge that the bark contains in abundance an alkaloidal principle, which they were the first to isolate, and which is no doubt the secret of the medicinal activity of the drug. They were the first also to point out the existence in poke-root of an alkaloid, and thus give a new direction to the researches which had previously failed to discover in this drug anything that could be regarded as its true active principle. It has seemed to the writer very desirable that in cases where a large number of different remedies are to be combined in one prescription, these should be united in a single preparation, in order that in prescribing the physician may have reasonable certainty of obtaining a uniform product. Different druggists will put up the same prescription so differently that the finished mixtures will vary widely in appearance and medicinal action. The alterative formula which the writer has been led to adopt and to which he gives the title of *Syrup Trifolium Compound* combines the various ingredients in the form of a syrup, each fluidounce of which represents:—

SYRUP TRIFOLIUM COMPOUND.

32	grs.	Red Clover.
16	"	Stillingia.
16	"	Burdock Root.
16	"	Poke Root.
4	"	Prickly Ash Bark.
16	"	Berberis Aquifolium.
16	"	Cascara Amarga.
8	"	Potassium Iodide.

During the past two years I have treated many cases of syphilis and cutaneous disease in their various forms, both in my private practice and in the Dispensary of Bennett Medical College, with uniform success by the use of *syrup trifolium comp.*

Many other cases of which no record has been kept have been treated and cured of syphilis in its various forms and of obstinate skin affections of a scrofulous nature, during the past two years, and in each case I ascribe the cure to Syrup Trifolium Compound as it was the sole internal remedy used, accompanied of course, in suitable cases by necessary local or accessory treatment. My experience with this formula, the severe tests to which it has been put and the almost universal success I have had in the treatment of these diseases by its exclusive use fully warrants me, after two years study of its action, in unqualifiedly recommending to the profession Syrup Trifolium Compound as far superior to any other single remedy or compound in the treatment of syphilis. It is as near a specific as we can hope to reach with our present knowledge.

During the past eight years I have treated nearly 4,000 cases of skin and venereal disease, and have used every known remedy or formula which have been recommended from various sources (including the various schools of medicine, American and European journals, and personally of the Sioux Indians of Dakota, the remnants of the Florida Seminoles, old white-headed Negroes of Florida, Georgia, Alabama, and Louisiana, Spanish sailors of the tropical seas; quacks and others), but my experience with all was more or less unsatisfactory, but I can now treat a case of syphilis by the use of Syrup Trifolium Compound with every confidence of effecting a cure within a reasonable time, and have the satisfaction of knowing that I am using a remedy which is at all times productive of good results, in syphilis, and at no time capable of injuring my patients, as mercury and other minerals may, and many times do.—*Chicago Med. Times*, October, 1885.

ANTIPYRINE IN ACUTE RHEUMATISM.—Among the cases of acute rheumatism which I had to deal with last winter while resident medical officer at the Bury Dispensary Hospital, there were a few in which the treatment by salicylate of soda failed to produce that rapid

relief of symptoms which usually follows its employment. Renewed pains in the joints were accompanied in one or two instances by a pretty considerable elevation of the temperature.

In the earlier months of the period to which I refer, I gave kairine and hydrochinon in these cases, merely with the object of testing the temperature-reducing power of these two drugs in acute rheumatism. I did not observe any special effect other than antipyretic, of either of these remedies. I did not find, for instance, that they at all checked or diminished the pain in the joints, nor did I expect them to have that effect. But what I did think at that time was that a dose or two of kairine seemed to aid the action of the salicylate. A case which had previously obstinately resisted treatment by the latter drug seemed to become more amenable to its action after the temperature had once been brought down by kairine.

Early in January of this year I gave a thirty-grain dose of antipyrine to a patient suffering from acute rheumatism, who had not previously had any other treatment. Two hours after the medicine had been administered the temperature had fallen from 104.2° to 99.4° F. Fifteen grains more of antipyrine were then given, and this dose was followed an hour afterwards by another fifteen grains. Before the first dose (thirty grains) was taken the patient had suffered great pain in both ankle-joints, which were swollen and tender on pressure. There had also been a good deal of pain in the right knee- and shoulder-joints, as well as in one of the wrist-joints. After the second dose there was profuse perspiration. The extremely pinched and pained expression of face which was noticed at the commencement of treatment had made way for a more cheerful cast of countenance, and on being asked whether she was at all better, she replied that the pain was almost gone, and that she only felt it now on attempting to move the joints. This surprised me, for I had never before seen such rapid relief in similar cases, even with salicylate of soda or salicin. I therefore determined to go on with the antipyrine in this case. No salicylate was given. Twenty-grain doses of antipyrine were administered every two hours that day; and during the afternoons of the next five days the same doses were used every four, and sometimes every three, hours. In the forenoon smaller doses (ten grains each) were given every hour and a half. On the sixth day of treatment there was not the least pain left in any of the joints, excepting the left wrist and elbow. These articulations were not quite free from pain when moved. The temperature had during these six days varied considerably. After the third day it never rose above 101°, and on the sixth day it was normal. Small doses (ten and fifteen grains) of antipyrine were continued at variable intervals for three days longer, and then the patient got up and moved about freely without the least pain in any of the joints, while the temperature also remained normal. The case was then discharged cured. On the evening of the third day of treatment there had been some troublesome frontal headache, but ringing in the ears or sickness after the medicine was not observed. Sweating was profuse during the first two days of the treatment, but afterwards there was not very much perspiration. The pupils were found rather dilated after a twenty-grain dose of the drug. Accompanying the reduction in temperature after the antipyrine was first given was a corresponding fall in the rate of the pulse. The pulse was also decidedly firmer than before the medicine had been given.

It was not till Feb. 14th that I again had an opportunity of testing the value of antipyrine as an anti-rheumatic remedy. The following are notes of the case which I then treated:

Feb. 14th (8:13 p.m.).—Clara W——, aged 8, a very fair-complexioned child, with tolerably well-nourished body. She has for two days been suffering from severe pain in the knees and ankles, which are swollen and tender on pressure. The least movement of the affected joints causes much pain. The right hip- and left-shoulder joints have also been implicated. During the previous night pains had been so severe that the patient had no sleep. Much sweating, and a sour smell. Temperature 103.6°. Pulse 120 per minute. Ten grains of antipyrine were given, dissolved in water, at 8:13 p.m. At 8:25 p.m. the temperature was 102.8°; the pulse beating 110 per minute. The patient perspired freely. 9:40 p.m.: Temperature 99.8°; pulse 90, now and then irregular and intermittent. The skin cool, the face pale, and the patient very sleepy. 10 p.m.: Temperature 99°. The perspiration continuing. At 10:30 p.m. the temperature was 98.4°. At 1 o'clock the mother was directed to repeat the dose (ten grains). She did this, and gave the child another dose at 8 a.m. On the 15th she stated that she could see the medicine was doing the child good, and therefore she had not been able to resist the temptation of giving one more than the prescribed dose. 15th (11 a. m.): The patient has slept soundly all night. Pain in joints gone. Temperature 98.4°. Eight grains of antipyrine were given at noon. 4:30 p.m.: Temperature 98.8°; seven grains given. This dose was repeated that night and at 8 a.m. on the following day.—16th: Four doses (seven grains each) of antipyrine were taken during the day.—17th: Three doses, seven grains each.—18th: Two doses, seven grains each. No return of pain. Temperature normal. The treatment was stopped, and the patient was cured by Feb. 20th.

There are at present under treatment in this infirmary (Southport) two cases, one of acute and the other of sub-acute rheumatism. Both are taking antipyrine. In both the pains in the joints have been much relieved by the drug. The fear of making too great a demand on the space of your columns deters me from giving notes of these cases.

Literature.—Till quite recently I could find no reports of cases of acute rheumatism treated by antipyrine. Lenhartz seems to have been the first to advocate the use of the drug for this disease. Pusinelli doubts whether antipyrine has any anti-rheumatic action at all. DEMME reports three cases. NEUMANN gives a full report of seventeen cases.—J. C. VOIGT, M. D. Edin., Res. Surg., Southport Infirmary, in *Lancet*, Sept. 16, 1885.

EXTERNAL TREATMENT OF ECZEMA AND PSORIASIS.—In some recent clinical lectures at the Hôpital St. Louis (Gazette des Hôpitaux, Nos. 85 and 88), M. GUIBOUT gave an account of the external treatment of eczema and psoriasis.

(1) Eczema: This, he observes, is the most frequent form of herpetic disease. It is essentially of an inflammatory nature, and must, in its acute stage, be treated only by antiphlogistics and emollients. In that stage all ointments, even the most anodyne, must be avoided, owing to their liability to ferment and increase irritation, and for the same reason linseed poultices must be prohibited. So also cold baths, and alkaline and sulphurous baths, do mischief, and patients should not be sent to sea-water baths or for the employment of mineral waters, which may irritate either by their high temperature, their chemical composition, or their high degree of salinity. In fact, almost all mineral waters are dangerous in eczema, and it is only when the disease is on the decline that even the mildest can be safely applied. Those of St. Gervais being very mild, are nearly the only waters which M. GUIBOUT prescribes in sub-acute eczema. In the chronic form, the stimulant mineral waters may be used with advantage, but with caution. As emollient applications, cataplasms of well-cooked potatoe starch reduced to a jelly and very moist, may be applied three times in the 24 hours, or tepid bran baths or starched water, the starch being prepared beforehand, so as to be readily incorporated with the water. Lotions, when used, should always be tepid, never cold, and all objects of irritation must be carefully removed from contact with the skin. Additional difficulty occurs in treating eczema, when it occupies any hairy region of the body, owing to the increased irritation produced there, and the difficulty of applying emollients. As long as the disease lasts, therefore, the hairs of these parts must be kept cut short. When the genital region is attacked, the horizontal posture with immobility must be observed, care taken that the diseased parts do not come in contact and are covered with cataplasms. Eczema of the lower extremities can never be cured, unless the lower parts are kept in a horizontal or somewhat raised position, motionless, and unimpeded by ligatures of any kind. The patient, in fact, should keep his bed, for if the limbs are allowed to be pendant, the eczema is never cured, while the parts become disorganized. When the eczema occupies the greater part of the trunk, or even the whole body, cataplasms are not available, and then we should have recourse to vulcanized caoutchouc, applied directly to the affected parts. This preserves them from all irritating contact, and keeps them at a uniform temperature, and as it were in a constant bath, owing to the impeded evaporation. Complete articles of clothing of this kind are made. They should be changed every 24 hours, washed in bran water, and exposed in the air until wanted the next day. In the absence of the caoutchouc, the diseased surfaces may be painted several times a day with a liniment, laid on in thick layers composed of equal parts of oil of sweet almonds and lime water; powdering the surface after each painting with unscented starch. A tepid bath of bran or starch should be taken daily or every second or third day. The treatment must be quite different in *chronic eczema*, which thickens and "pachydermizes" the skin, depriving it to some extent of its vitality. Stimulating, or even irritating topical applications are now indicated for the removal of the thick epidermic secretions which cover it. This object is to be obtained by sulphurous or alkaline vapor baths, by paintings with oil of cade, by frictions with black soap or with sublimate lotions (1 part of 500 of spirit lotion) or by sulphur or boracic acid (10 parts to 100 of vaseline) ointments. (2) *Psoriasis:* Passing from eczema to psoriasis is like passing from summer to winter. In eczema all is hot and burning, while in psoriasis life is chilled and almost extinct—the *dartre morte* of the ancients—for which the most opposite treatment is required. The indications are to remove the hardened and thickened epidermic scales, to arouse the defective vitality of the subjacent dermis, and restore the suspended secretions. This is to be accomplished by means of frictions and baths. The two most useful substances for frictions are the oil of cade distilled from the resin of the *juniperus sabina* and pyrogallic acid. The former furnishes the most prompt, certain, and durable results. It is rubbed energetically twice a day over the whole body with the aid of a cloth pad, or flannel, soaked in oil, a bath containing 400 or 500 grammes of carbonate of soda being also taken every or every other day, for the purpose of cleansing the skin, dissolving the oil which covers it, and imparting to it a salutary stimulus. These measures should be continued until the complete disappearance, not only of the epidermic scales, but also of the hypertrophied crusts of the dermis, and of the coppery color which still persists. But the oil of cade, advantageous as it is, possesses a most disagreeable and tenacious smell, stains both the skin and the linen, and sometimes induces a form of sycosis. The oil has then to be suspended, and the sycosis treated by emollients, and when this inconvenience has been removed, the stimulant effect of the oil must be abated by adding to it more or less almond oil. When this oil cannot be employed, pyrogallic acid in various proportions (5 to 15 per cent. of vaseline or lard) must be substituted. Being inodorous and colorless, it does not give rise to the inconvenience caused by the cade oil, but it is less energetic in its action, and must never be applied to parts exposed to the air (as the face or hands), as it induces in them a color exactly like that produced by the skins of green walnuts, and which is very long in disappearing. When the psoriasis affects the head, the hair must be kept cut short.—*Med. Times and Gazette.*

YERBA SANTA AND GRINDELIA ROBUSTA IN ACUTE BRONCHITIS.—DR. E. STEUVER, in the Medical News of November 24, 1885, commends these remedies as follows, viz:

About four years ago, shortly after their introduction, and while treating a number of cases of bronchitis with very indifferent success by means of the old orthodox cough mixtures, I began using the above remedies. At first I used yerba santa alone, and obtained very satisfactory results. About that time the medical journals contained numerous reports of the singularly beneficial effects everted by grindelia robusta in asthma, and it occurred to me that it would be a valuable addition to a cough mixture, especially when designed for the relief of the very annoying cough attending bronchitis, a cough which, while the person is up and moving around during the day causes almost no inconvenience, but as soon as the

recumbent position is assumed, commences with greater or less severity and continues sometimes for hours, depriving the sufferer of much needed repose, and proving a source of annoyance both to patient and physician. Accordingly, I began using the following, viz:

℞ Fl. ext. grindeliæ robustæ,
Fl. ext. yerbæ santæ, ää f ℥ j.
Syrupi tolutanæ vel. simplicis,
q. s. ad f ℥ iij.

M. Sig. ℥ j to ℥ ij every hour or two when needed for cough.

This combination gave very satisfactory results in the great majority of cases; indeed, in some instances it acted like a charm, instantly controlling the cough and relieving the tickling in the throat and bronchial tubes.

I have now used the preparation about four years in a large number of cases, and have obtained very gratifying results. In one instance I administered it to a medical friend, who was suffering from an attack of so-called "mountain fever," accompanied by bronchitis and harassing cough; and so prompt was the relief afforded, and so highly pleased was he with the remedy that he has used it almost exclusively as a cough mixture in his practice since that time. I have repeatedly used the preparation for cough and irritation of the bronchial tubes in my own case, and it always afforded prompt relief.

Many other cases might be cited with the same results, but enough has been said to indicate its field of usefulness. While I have not noticed so decided an amelioration of the cough due to chronic bronchitis or phthisis pulmonalis, as of that due to acute bronchitis, still in many cases considerable relief is obtained. I have now under treatment a lady about 70 years old, suffering from an aggravated chronic bronchitis, the symptoms of which were markedly alleviated by this preparation. Whether our high altitude (6,730 feet above sea level), and light, dry atmosphere, have anything to do with the results obtained, I am unable to say; but if the preparation yields as good results in a lower altitude and damper atmosphere as I have obtained from it here, it will confer a real benefit if used in properly selected cases.

The preparation is free from any unpleasant effects, such as headache, constipation, etc., which frequently follow the use of cough mixtures containing opiates. I have noticed no unpleasant effects following the use of small doses, but when large doses are administered temporary nausea may supervene. I have always used PARKE, DAVIS & CO.'S fluid extracts.

THE REVIVAL OF THE USE OF MURIATE OF LIME.—Few substances, writes DR. R. W. A. CRIGHTON, in the Practitioner, really possessing marked therapeutic powers, have had more turns on the wheel of fortune, or, more correctly, of fashion, than the old muriate of lime—the modern chloride of calcium. First employed by the French physician FOURCROY, as also by several Dutch and German physicians during the last century, it does not appear to have been much used in Great Britain till near its close, when strong testimony as to its efficacy in scrofulous affections was given by DR. BEDDOES; DR. WOOD, of Newcastle; DRS. SANDERS and HAMILTON, of Edinburgh; and DR. ANTHONY TODD THOMPSON. Soon, however, disparaging statements as to its therapeutic powers were made by PROFESSOR JOHN THOMPSON, of Edinburgh; MR. BENJAMIN PHILLIPS, and MR. SAMUEL COOPER, of "Surgical Dictionary" celebrity.

These great names prevented many from giving the drug a fair trial, and it gradually fell into disuse, till, in 1848, DR. NELIGAN, in his valuable work "On Medicines," almost refuses it any therapeutic recognition.

This neglect may also, in a great measure, be attributed to the introduction of the preparations of iodine, by COINDET, of Geneva, in 1820, and to the powerful advocacy of cod-liver oil by JOHN HUGHES BENNETT, in 1841.

But during this time the remarable powers of chloride of calcium were being patiently investigated by at least one individual, the elder BEGBIE, who bequeathed his large experience and rare therapeutic instincts to his son, the late DR. WARBURTON BEGBIE. In 1872 the younger BEGBIE wrote an elaborate paper (Edinburgh Medical Journal, July) on its therapeutic action, in which he confirmed and extended its value in scrofulous and allied affections. Since that time the only contribution of similar value has been from the pen of DR. SINCLAIR COGHILL, of Ventnor, in the Practitioner for October, 1877.

DR. CRIGHTON himself contributes the results of his experience with the drug. He has used it, he says, for years, and is confident that it has a distinct therapeutical value. Its use is indicated in scrofulous affections, and more particularly in glandular enlargements of the neck in children, where the glands are massed together, and have an almost stony hardness, and do not yield to iodine and cod-liver oil. The lime salt is sometimes equally efficacious after suppuration has occurred. In scrofulous caries it has also produced remarkable results. In phthisis the remedy is not very efficacious.

Chloride of calcium is probably both a vascular tonic and a bone tonic. It is given in doses of gr. x to xv for adults, the crystallized salt being dissolved in syrup.—*N. Y. Med. Record*, Oct. 31, 1885.

URETHAN, THE NEW HYPNOTIC.—DR. VON JAKSCH, Vienna, having been struck with the description given in the Yearly Report on the Progress of Pharmaco-Therapeutics, by DR. KOBART, of a substance named urethan ($NH_2 CO_2 C_2 H_5$), determined to make trial of its hypnotic effects, with the hope of being able to replace morphine, chloral, and paraldehyde, by a drug which would ensure sleep without causing any of the disagreeable or dangerous effects which are liable to follow their use. He first of all made experiments on animals, and found that no toxic action occurred in rabbits, even when the drug was administered in the proportion of .5 gramme for each kilogramme of the animal's weight. He therefore commenced his clinical observations by giving .25 gramme (3.85 grains) doses to patients. This, however, was insufficient to produce any distinct hypnotic action. He therefore raised the dose .5 gramme (7.7 grains), and found this usually produced some hours' comfortable sleep. In a case of hemiplegia, with endocarditis, and

stenosis, and insufficiency of the mitral, where the patient had long complained of sleeplessness, but whose condition contra-indicated the employment of morphine and chloral, two doses at 7 and 8:30 p. m., given every night, produced a really good night's rest, without the least disagreeable effect. Again, in a case of a painful aortic aneurysm with insomnia, a dose at 6 p. m. producing no effect, another was given at 11 p. m., which gave calm sleep until 3 a. m. The next night doses were given at 6:30, 9, and 11 o'clock, and a calm sleep was induced, lasting from 11 to 4. The following evening the first dose, at 6:30, produced a little sleep; another dose, at 8:45, gave sleep from 9 to 4:30, with a slight intermission; the third night two doses were given, resulting in six hours' sleep; the fourth night the patient slept without the drug. It had, however, to be again resorted to on the sixth and seventh nights. Altogether, DR. VON JAKSCH employed urethran 110 times in twenty different cases, and is highly satisfied with the results he obtained.—*British Med. Journal.*

CREASOTE WATER AS A LOCAL ANÆSTHETIC.—DR. E. R. SQUIBB, in the Ephemeris for March, 1885, says:

The officinal aqua creasoti, or creasote water, is so important as a preparation for one special use that it is well to notice it in order to emphasize that special use. It is a simple one-per-cent. solution of wood creasote in water, and, like similar solutions of carbolic acid and of cresol, it is a most effective local anæsthetic, and topical dressing to burns and scalds. It is no better than the solutions of carbolic acid, or of coal-tar creasote, for this purpose, but it is quite as good, so that whichever is most accessible or most convenient may be used. This creasote water, as made by the above formula—or diluted with a equal volume of water, or with more water for delicate surfaces in women and children—and applied by means of a single thickness of thin muslin, or worn-out cotton or linen, such as handkerchief stuff, and the application renewed from time to time, as the return of pain requires it—will relieve the pain of burns and scalds in five to ten minutes, and will retain the relief as long as the applications are properly renewed, or until the painful stage is over.

It is also very effective as a local anæsthetic for general use in all painful conditions of the surface only, such as the pain of erysipelas. The benumbing effect of these phenols upon the skin is very promptly reached, and can be carried to almost any degree that is desirable, by simple management of the strengths of the solutions and the mode of application. They are true anæsthetics to the skin, while the much lauded cocaine is not.

This statement has been published so often during the past twenty years, and the treatment has been so effective in so many hands, that it is wonderful to notice how the common practice is still to us the old and comparatively useless hot dressings, such as carron oil, white lead ground in oil, flour, liniments, etc., or the newer application of solution of carbonate of sodium.—*Medical News*, April 11, 1885.

NITRITE OF SODIUM IN GOUT-EPILEPSY.—It cannot, I venture to think, be doubted that a very considerable proportion of cases of epilepsy, in which the sufferers are female members of gouty families, are, in fact, of gouty origin; the real cause of the functional irregularity—I use that term advisedly—which manifests itself in nervous storms, being the accumulation of uric acid or urate of sodium in the blood. Perhaps I ought rather to say that the over-production, or non-elimination, of uric acid, resulting in accumulation, is the effect or concomitant of the state which constitutes the suppressed or irregular gout that finds its outburst or expression in the "nerve-storm." In such cases, other indications of gout may, or may not, be recognized in the individual; but the family-history is sufficiently evident when carefully examined.

I am obtaining highly satisfactory results in epilepsy of this class with the following formula: ℞. Sodii nitritis gr. xxxvi, sodii hippuratis ʒ iij, infusi serpentariæ ad ℥ xii. Misce. Two tablespoonfuls are to be taken three times a day before meals.

The dose of the nitrite of sodium may be increased by one grain after each fit which occurs subsequent to the commencement of the treatment. The mixture should be used regularly for about three or four months; the dose of the sodium-nitrite being increased, as I have suggested, until it reaches 15 grains. In a number of cases recently treated in this way, the fits have ceased before the progressive augmentation of the nitrite raised in doses to 10 grains. I am very confident that the profession will find the combination worthy of a trial. If there be constipation or a jaundiced appearance, at any time during the treatment, I give the following pill several successive nights until the condition is improved: ℞. Iridin. gr. ii, extracti cascaræ sagradæ gr. iii. Misce. Ft. Pil. —J. MORTIMER GRANVILLE, in the *British Med. Jour.*, Oct. 10, 1885.

THE TREATMENT OF OBESITY.—Starvation, semi-starvation, surcharging, "banting," alkalies, purgatives, Turkish baths, exercise, and the thousand-and-one ways of reducing corpulency to respectable dimensions, still leave a large section of stout population in despair. M. GERMAIN SÉE comes to the rescue and solves (?) the difficulty with his dash and skill. "Oh ye massive fat ones desiring to be made lean, eat not much meat, but drink enormously of tea." That is M. SÉE's good news put in a nutshell. That is the cry now to be heard in the Parisian wilderness of fat. Obese individuals may suffer from shorthess of breath from many causes, writes M. SÉE, and infiltration of the muscles with fat is an important one. There are many ways of reducing the fat. The first by diet; the second by moderating the imbibition of fluid; the third by muscular exercise; and there are also balneotherapy or bathing, and treatment by medicaments. M. SÉE does not approve of "banting," as it takes too long; and, further, he argues that proteids such as meat, eggs, etc., are productive of fat. EBSTEIN has recently advocated "banting" combined with some fatty food; but our author does not fall in with this method. Stout people do not bear bleeding well, although this was the treat-

ment in vogue in the 16th and 17th centuries. Iodides, alkalies, and diuretics are not well borne by fat persons. Moreover, these medicines, when they reduce obesity, do so by destroying, or at least damaging, the organs on which the nutrition of the body depends.—*Lancet*, Oct. 10, 1885.

BIHYDROBROMATE OF QUINA.—This remedy, which has only recently become known, contains 60 per cent. of pure quinine and about 30 per cent. of bromine. It is still easier soluble in water than the hydrobromate. The property of all chemical unions of bromine with quinine, to become easily absorbed, to have no disagreeable side-effects, and to act as sedatives besides the specific effect of the quinine, have induced mainly French authors to prefer the bromine salts of quinine to all other salts of the latter drug. PACCOUD, for instance, uses only this preparation in typhoid fever, and he believes he obtains a greater freedom from nervous symptoms in cases thus treated than is found under any other therapeutical procedure.

DR. J. MAXIMOWITISH (Deutsche Med. Zeit., 64, 1885, p. 727,) has also investigated the action of this quinine preparation, and he administers it in all cases where quinine is indicated and a special sedative effect is besides desirable. He says that the hydrobromate of quinine presents yellowish-white minute crystals, which are easily soluble in water. The solution of it has an acid reaction, and assumes within a few days a greenish tint, without the latter fact having any determining effect on the remedy. Its easy solubility makes this preparation specially adapted to hypodermic medication. M. employed a solution of 0.18 to 0.3 to 1.0 aq. dist. (2½ to 5 grains in 16 minims of water). To obtain the solution as rapidly as possible, it ought to be heated and filtered. Internally the remedy is used in about the same doses, and best administered in wafers.

ANTIPYRINE AS A STYPTIC.—That antipyrine is a reliable antipyretic remedy nobody can doubt, who has read the many reports which the Medical and Surgical Reporter published during the last six or ten months. Reliable authorities have fully determined this antifebrile action of the drug. Dr. THUCHARH (Bullet. et Méd. de la Soc. Ther., 1885,) has of late investigated the new remedy with a view to discover any possible other effects, and he found it a reliable styptic. The bleeding extremity of a rabbit, when placed into a solution of antipyrine (1:20), continued to bleed for four minutes; while in ergotin it was checked within seven, and in MONSEL'S solution within nine minutes. Soon after this experiment, the opportunity offered itself to test the hæmostatic action of the drug on the human being. A large abscess, having been opened by the knife, gave rise to considerable hemorrhage. A cotton tampon, thoroughly saturated with a solution of antipyrine was brought in contact with the bleeding surface, and the hemorrhage ceased at once. Later, bleeding from the nose and from the rectum—in the latter case due to hemorrhoids—was stopped in a similar and rapid manner. In both cases the antipyrine was added to ol. theobromæ, and administered in the form of suppositories.

During these observations it was also discovered that under the effect of antipyrine all purulent discharge ceases, so that it seems that antipyrine has also strong disinfecting and antiputrid properties.—*Medical and Surgical Reporter*, Oct. 24, 1885.

KAVA IN GONORRHŒA.—In La France Medicale for September 3, 1885, there is an article from DR. ROBERT on the use of kava in blennorrhagias. He states that in 1874 a French surgeon named DUPOUY was cast ashore on Wallis Island in the Pacific, in company with a number of sailors, several of whom were suffering with gonorrhœa, contracted at Tahiti. Finding the kava (*piper methysticum*) growing plentifully on the island, as it does throughout Polynesia, the Marquesas, Tonga, and Sandwich Islands, he commenced treating the diseased sailors with it, and in ten days, despite most deplorable sanitary conditions, every man was cured. Some of the remedy was brought home to France, and was afterward experimented with by GUBLER, DELAHAYE, and others, and DUPOUY'S statements were verified. Such being the case ROBERT has been astonished that so valuable a discovery has not been seized upon by therapeutics and introduced to the general practitioner, and in trying to ascertain why this was the case, he learns that it is due entirely to the great difficulties surrounding the gathering and curing of the herb in such a way as to preserve its virtues. The root is the part of the plant used, and it would seem that there should be no real difficulty in getting a plentiful supply of the remedy. If it will do one-half of what the French journals claim for it gonorrhœa has lost its terror—but then every new remedy is a "specific" until it is tried.—*National Druggist*, Nov. 2, 1885.

APOLLINARIS WATER IN VOMITING OF PREGNANCY.—Nausea and vomiting are very common symptoms belonging to the pregnant state, so common that women will frequently recognize the condition in which they are from these gastric phenomena, and they often do so before the cessation of the menses has given them a more reliable proof of their being pregnant.

Probably every remedy of which the least effect could be expected, has been tried in grave cases of this kind. For a while cauterization of the external os of the uterus was in fashion, and of late, stretching of the neck has been highly recommended. DR. ADRIAN SCHUCKLING (Allg. Med. Centr. Zeit., March 28, 1885), has tried the latter operation in a series of cases, but found it invariably useless. Instead of it, he recommends the injection of carbonic acid, especially of those mineral waters which contain, besides small quantities of iron, a great amount of carbonic acid, into the rectum. In the article mentioned, S. reports a number of cases in which every known remedy—the operations included—had been tried in vain, and where life was really threatened, and where ultimately the injection of carbonic acid, in the form described, established a complete and permanent cure. As the presence of iron

in these mineral waters does not seem to be essential, Apollinaris water may be the best to use in these cases.—*Exchange.*

SALICYLIC ACID AND CASTOR OIL IN PSORIASIS.—DR. FOX, of New York, showed at a meeting of the New York Dermatological Society a girl eight years old who had psoriasis covering all the body. The patient's father and sister also had psoriasis. When she was admitted to the hospital, a two-per-cent. solution of salicylic acid in castor oil was applied to the right arm, a weak solution being used because of the great congestion of the skin. When the patient was shown the scaling was less, and many of the patches had disappeared, although the disease was spreading in other directions. To the left arm the mixture of oxide of zinc and balsam of Peru had been applied, and there was even less congestion in this situation. In the second case, the lower extremities were chiefly affected. This patient was peculiarly susceptible to the action of ammoniated mercurial ointment, even in a very small quantity exciting severe dermatitis. Chrysarobin pigment had been applied to the right leg, and a 5-per-cent. solution of salicylic acid to the left leg, producing a marked improvement in the condition of the eruption in the latter situation.—*Journal of Cutaneous and Venereal Diseases.*

THERAPEUTIC USES OF CHLORIDE OF GOLD AND SODIUM.—DR. ROBERTS BARTHOLOW, in a paper on this subject (Medical News) says that this remedy has the power to arrest the disease in cases of locomotor ataxia when used early and persistently. In many cases great benefit followed its use in cases of fibroid kidney.

In nervous affections accompanied by spasm, as asthma, hiccough, and laryngismus stridulus, it has acted remarkably well.

In certain diseases of the genito-urinary system the remedy is extremely efficacious. The chloride has been of much benefit in chronic metritis, dysmenorrhœa accompanied by scanty menstruation, and sexual weakness when used persistently. In chronic albuminuria the remedy is *par excellence*, and it is in this disease that its curative effects are particularly conspicuous. He prescribes one-twentieth of a grain of the soluble chloride twice or three times daily.

GRANULES OF PODOPHYLLIN AND HYDRASTIN FOR HEADACHE.—DR. PITTS E. HOWES, M. D., in a recent number of the Mass. Ec. Med. Journal, states that among the many and varied kinds of headache, and their name is legion, there is one, which seems to result from a perverted action of the liver, or rather a non-action, in which I have used with invariable success, the little pill, described by PROFESSOR SCUDDER, and advised by him in habitual constipation, viz: podophyllin grs. 1-20; hydrastin grs. 1-4. The action of this little pill is marvelous, and will well repay for its use. The next time a case presents itself, in which you are confident that the liver is not working as it should, try these little pills and report results. I am confident that they will be favorable. If the headache comes on during the day, I usually direct that a pill be taken and the dose repeated in an hour, but at night I order two pills to be taken at bedtime.

NEW METHOD OF ADMINISTERING THE BROMIDE AND IODIDE OF POTASSIUM.—The repugnance with which patients, who for a long time have been under treatment with iodide or bromide of potassium, regard the drugs, and the gastric symptoms so frequently produced by them, have led M. POISSON to introduce them into chocolate. The preparations are in the form of pastilles, each containing four grains of the one or the other salt. The disagreeable taste of the drugs and their injurious effect upon the gastric mucous membrane are entirely obviated, and they are thus acceptable to the most delicate stomach. *Journal de Médicine de Paris*, February 28, 1885.

THE COLD DOUCHE IN INSOMNIA.—The following is recommended as a very efficacious means of producing sleep in insomnia associated with eruptive or continued fevers: The patient's shoulders are covered with a cloth and the ears plugged with cotton. Then the head being held face down over the edge of the bed, a fine stream of cold water is dropped upon the neck and occiput. The water should fall from a height of eighteen inches during a period of three or four minutes. The head is then dried and the patient made comfortable in bed. As a general rule, sleep follows in a very short time.—*Concours Médicale.*

COCAINE IN SEASICKNESS.—MANASSEIN ("Berlin. kl. Wchnschr."; "Lancet") has used the following solution in several cases with gratifying results:

Hydrochlorate of cocaine, 2½ grains;
Alcohol, q. s.;
Distilled water, 4½ ounces.

He gives a teaspoonful every two or three hours.—*N. Y. Med. Journal.*

COCAINE IN THE TREATMENT OF WHOOPING-COUGH.—In a pamphlet recently published DR. MONCORVO has advocated the employment of cocaine in pertussis. The hydrochlorate of cocaine is used as an adjunct to the treatment of the malady by resorcin, for which DR. MONCORVO stands the sponsor. The upper parts of the larynx are first to be mopped with the one-per-cent. solution of resorcin, and then a ten-per-cent. solution of the hydrochlorate of cocaine is applied. The cocaine should be used frequently.—*Lancet*, Sept. 6, 1885.

ANISIC ACID.—Anisic acid is formed by the oxidation of the oil of anise. It is a new antipyretic, having antiseptic properties. It has a feeble tonic action, and increases arterial tension. Injected into the veins of animals in large doses it gives rise to epileptiform convulsions. It is also vaunted as a dressing for wounds when used in its pure state.—*Quarterly Therap. Review*, Sept., 1885.

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Original Articles.

REPORT OF THREE CASES OF EMPYEMA.*

BY DR. HENRY F. LYSTER, DETROIT, MICH.†

It may be of clinical interest to those who in the general practice are liable to encounter cases of pleurisy, to study the history of these cases of empyema, which have recently been under my professional care.

The first patient was a boy of 3 years of age, of rather a delicate constitution. The attack of pleurisy developed during the latter stages of whooping-cough. There was no marked diathesis on either side of the family. The parents were both living and in good health, and the relatives generally were of good longevity. None of the near relatives had died of phthisis, and yet two brothers and one sister died under three years of age from various diseases indicating tuberculosis. The pleurisy developed upon the left side of the chest, and the effusion very gradually increased, filling out the chest wall, as it readily does in children, and pushing over the heart to the right side. The apex beat was felt below the right nipple, and dullness was found upon percussion throughout the whole of the left pleura and above the clavicle in front. The diaphragm was pushed downward. Upon inspection there was no movement on respiration upon the left side, and exaggerated motion was noticed upon the right side. The respirations were increased in frequency and the veins of the neck and temples were somewhat distended. The heart beat was constantly increased and rarely fell below 100. The least movement, or excitement, brought the respiration up to 50 or 60, and the pulse to 130 or 140 per minute. The febrile movement was marked, at times lasting three or four days and then falling to the normal or subnormal temperature. Sweating was noticed at intervals and was quite profuse after the febrile attacks. Emaciation constantly progressed although alimentation was constantly watched, and cod-liver oil was administered regularly in considerable quantities. Upon auscultation the respiratory sounds were absent, except in the interscapular region, where some bronchial rales were constantly present. The cough had the paroxysmal character of a mild whooping-cough. The breathing sounds upon the right side were exaggerated.

Under these circumstances and conditions, lasting as they had done for several weeks with the progressive deterioration of the little patient, and with no signs of the absorption of the effusion the prognosis was necessarily very grave. It is a matter of general professional observation that inflammations and effusions occurring in children suffering from the exanthematous diseases and from whooping cough while they complicate the attacks and imperil the patient are in many instances not so unfortunate as when they appear unconnected with such antecedent disease, and many cases of whooping cough, particularly are recovered from where the gravest anticipations have been expressed. Even apparent effusion into the subarachnoid space from meningitis in measles and in whooping cough have been recovered from to the surprise of the medical attendant when the most unfavorable prognosis had been announced. In this case it was presumed from the continuance of the effusion and from the internal symptoms that it might be purulent, and the chest was aspirated and a pint of laudable pus was removed the first operation. The operation was repeated every two or three days during the succeeding two or three weeks until about twelve pints in all had been removed by this method. While there were marked symptoms of relief of pain and dyspnœa and restlessness the general failure of the strength continued and the patient succumbed, dying from exhaustion, after three months extreme illness. The pus was formed very rapidly, and the rich elements entering into its composition robbed the system of its necessary sustenance.

The second case occurred in a boy of about two and a half years of age. It was upon the left side, and was consequent upon a severe cold of some form, accompanied by a cough. Whether it was a bronchitis or an acute pneumonia or an idiopathic pleurisy, I was not able to determine, as the little boy was not under medical care until several weeks after the commencement of the disease. At the time of my first visit the presence of a large effusion was well marked. There was a loss of vocal fremitus and of movement upon the left side upon palpation. Inspection showed increased motion

*Read before the Wayne County Medical Society, Nov. 14, 1885.

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upon the right side and a filling out of that side upon inspiration. Upon the left side the axillary and infra-axillary region were markedly convex and bulging, with the intercostal spaces pushed out beyond the ribs. Upon percussion there was a noticeable loss of elasticity, and a wooden or solid impression to the finger upon striking the the chest wall. Perfect flatness was indicated upon percussion below the nipple and angle of the left scapula, and extreme dulness above these points. Upon auscultation the respiratory sounds were absent, except in the back near the spine. A transmission here from the opposite lung of a somewhat increased respiratory murmur was heard. The heart sounds were audible but distant, the apex beat being found at the right of the sternum.

The little patient was rapidly becoming emaciated and exhausted, and was much disturbed by pain and distressed on account of deficient and disturbed sleep.

My experience in the previous case had been so unfortunate, relying, as I had done, upon aspiration frequently repeated, that I determined to open the chest with a broad lancet and introduce a drainage tube.

I consulted with DR. C. DOUGLAS, whom I knew had had some recent and satisfactory experience in thoracentesis, and he advised a free opening. Upon introducing an exploring trocar, laudable pus was found present, and a thumb lancet was immediately passed into the pleural abscess between the sixth and seventh ribs in the axillary region. A large quantity of perfectly laudable pus flowed out. A large, thoroughly disinfected horse-hair fascine was introduced, and a flax-seed-meal poultice was applied. The cavity of the pleural abscess was not disinfected, and was not washed out; neither were there any antiseptic dressings to receive the discharge. The pus remained inoffensive, and gradually diminished in quantity. Cod liver oil and syrup of the iodide of iron were given. Soup, and milk, and other acceptable food was afforded. The heart soon resumed its normal position, and the respiratory sounds were found, the bronchial predominating down in the lower pleura. In this case the family history was remarkably free from any of the diatheses, and there was no acquired dyscrasy so far as could be learned. The case rapidly improved from the date of the evacuation of the abscess, and the little patient entirely recovered. At the time of my last visit, some weeks after the discharge of the patient, there were no signs of contraction of the chest to a less than normal measurement. The fat was becoming restored, the cough had disappeared, and normal respiration was heard with some roughness of the pleura, and localized dulness.

The third case, recently occurring, is still under treatment, and the result is not determined.

The patient, a married woman of about twenty-eight, was confined the fourth of last May of a rather small female infant, after a normal labor. This was the first child she had carried to full term, having suffered from hydræmia and hydramnios in all previous pregnancies. During her pregnancy she suffered from greater or less gastric disturbances, as subacute gastritis, dyspepsia, acidity of stomach, and after her confinement she had a continuance of indigestion, flatulency and a recurring fever of an intermittent type, accompanied by loss of appetite and a minimum of sleep and rest. The temperature remained supra-normal for two or three weeks, though there were no symptoms of uterine inflammation. The lochia were not at any time offensive and were free. The lacteal secretion was quite limited, and soon disappeared without any disturbance. An attack of inflammatory rheumatism supervened, confined to the elbow, wrist and shoulder of left arm. The arm was quite swollen for a couple of weeks. This was accompanied by very great pain in the affected side.

These symptoms were followed by a painful cough with but little expectoration and no appearance of blood-stained sputa. This condition soon diminished and the patient apparently improved for a few weeks when the pain in the side returned with markedly increased on pressure over the whole of the axillary and mammary region of the left side of the thorax. The lung soon became compressed and the line of effusion rose to the left nipple, and to the angle of the scapula. The heart was crowded over to the right and finally beat between the fifth and sixth ribs on the right side of the sternum. Perfect flatness upon percussion over the whole left side, excepting in the supra-clavicular region and immediately below the lower line of the clavicle where the percussion sounds well supra-resonant. The right pleura remained intact.

DR. E. L. SHURLY saw the patient with me on the 19th of September and assisted me in aspirating two quarts of laudable pus. DR. W. G. HENRY assisted me on the 21st and 26th of the same month in removing four quarts more of the same quality, and on the 6th of October the opening was made with a broad scalpel in the fifth intra-costal space at the anterior edge of the axillary region, both of the physicians named being present.

The pus was more sero-purulent than that before drawn. A large, perforated, soft rubber tube was inserted, and a large handful of juste was placed against the opening. The air has since passed in and out on deep respiration and upon coughing. The respiration was 39, pulse

120, and temperature 102⅘ at the time of the operation.

Six hours subsequently, respiration 26, pulse 88, temperature 100. The general improvement was marked from the time of the first aspiration, but the temperature still remained supranormal.

For two weeks after the free drainage of the chest the temperature fell to a degree to one-half a degree below the normal, with a corresponding relief of all the distressing symptoms from nervous irritability. Normal chest sounds are heard through the upper chest down to the angle of the scapula and to the nipple; below this point there is dulness upon percussion, and diminished vesicular sounds. The chest is beginning to draw in, and the ribs to crowd each other. The patient has been improving a little in weight since the operation, has had a fair appetite, and has drank a quart of milk daily. She requires no anodyne of any kind, and sleeps well. I have not been able to prevail upon her to take the cod liver oil on account of her delicate stomach. A disinfectant fluid of one part of corrosive sublimate (hydragyri chloridi corros.) to five thousand of water is syphoned into the chest every other day.

I am not satisfied that the opening is now large enough, although at the time of the operation I pushed my finger readily into the chest.

The wound readily heals and contracts to the size of the drainage-tube, and a smaller size is often substituted. It is proposed in this case to remove a portion of two or three of the ribs from the vicinity of the wound to permit the contraction of the wall of the chest more readily.

In small children the complete adhesion of the walls of the abscess is more readily accomplished than in adults, an account of the elasticity of the tissues comprising the chest walls.

It has been suggested by DR. H. C. WYMAN that the cabinet be used, and the atmospheric pressure partially removed whilst the patient inspires air through a large tube from the outside of the cabinet, in this way the collapse of the lung might be removed gradually, and the lung dilated. The air might be removed by the air-pump from the cavity of the abscess and an adhesive cap filled with sponge be fitted on to the chest wall, permitting the pus to pass out through the drainage-tube and still to be received into a hermetically sealed basin. This need not be larger than a common tea-saucer.

The future of thoracentesis in empyema may be more successful than the past with the practice following the line of super-alimentation and antisepsis, and the introduction of differences in the density of the atmosphere within and without the chest.

DISCUSSION.

DR. LEONARD had seen a few of these cases of empyema. The post mortem appearances were very interesting. In all his cases the left pleural cavity had been affected. The heart had been pushed to the opposite side and glued there by inflammatory products. He had no special views as to the treatment. Believed that no treatment availed much.

DR. WYMAN was interested in the paper; had seen one of these cases with DR. LYSTER. He regretted that the physical signs were not always reliable as to the presence of pus in the pleural. History also was not always typical. The onset of pleuritis might be so masked by pneumonia and its treatment that the characteristic pain, fever, sweat, chills, etc., leading up to empyema would not appear. He questioned the propriety of resorting to aspiration for mere diagnostic purposes and described one of his cases that terminated fatally through purulent infection following the use of that instrument. He believed that the profession were deceived as to its harmlessness. A recent writer in the Berliner Klinische Wochenschrift made a strong case against the use of the aspirator for diagnostic purposes. Tubercular infection was attributed to its use. DR. WYMAN believed in thorough drainage of the pus cavities and thought large incision and resection of one or more ribs good treatment. He thought these cases terminated fatally because the ribs interfered with perfect apposition of the pyogenic surfaces and collapse of the abscess cavities. Another reason was found in the movements of the abscess walls in the respiratory acts. In DR. LYSTER'S case he had advised closure of the abscess cavity by atmospheric pressure—applying exhausting apparatus over the drainage tube and increasing the air pressure on the pulmonary side of the cavity. He had built an artificial thorax for the purpose of aiding the inspiratory muscles, diaphragm, etc., when they were over exerted in the effort to carry on respiration impeded by laryngeal stenosis or pulmonary infiltration.

The patient enters a box, holds over his mouth and nose a tube communicating with the outside. A strong pump exhausts the air from around him, and the outside air rushes through the tube and distends the lungs to their fullest capacity. A pressure obtained by lowering the barometric pressure inside the box one-half inch, would be sufficient to compel the thorough evacuation and apposition of the walls of many of those pleural abscesses. The beneficial effects of such air pressure on the pulmonary side of the abscess must be apparent to any one. Disinfection he did not think so important as drainage and immobilization.

DR. ROUSE reported a case of empyema which terminated fatally after a drainage tube had been kept in the pleural cavity for over a year. The autopsy showed the lung to be thoroughly collapsed. He believed that the cavity in such cases should be regularly washed out with antiseptic fluid, but no treatment has yet been found to be satisfactory, and he hoped that DR. WYMAN'S "artificial thorax" would prove in practice to be all that it promised from a theoretical standpoint.

DR. MULHERON'S experience had been confined to three cases, one of which was that reported by DR. ROUSE, the autopsy of which he had assisted in. In each of the three cases death occurred within two years of the paracentesis and introduction of drainage tube. This operation, to be productive of any permanently good results, must be undertaken earlier than is usually the practice. After the lung has become collapsed, he believed it merely postponed the fatal issue. He should be disposed to hope well of DR. WYMAN'S "artificial Colorado" in the earlier stages of empyema. The principle is scientifically correct and applicable as well to the earlier stages of phthisis, purulent bronchitis, the capillary bronchitis of children, etc.

DR. NOYES had performed paracentesis thoracis for a large serous effusion thirty-five years ago. That patient recovered. Others under his observation died. DR. BOWDITCH, of Boston, he thought, was one of the first to advocate and perform the operation. He thought that pus should be let out of the pleural cavity just as religiously as from any other cavity. He would like to see the method advocated by DR. WYMAN thoroughly tried.

VAGINAL DRAINAGE IN THE TREATMENT OF CANCER OF THE UTERUS, AS A MEANS OF PREVENTING CHARACTERISTIC ODOR.

BY HAL C. WYMAN, M. D., SURGEON WEST END DISPENSARY, DETROIT, MICH.

Cancer of the uterus often taxes to the utmost the patience and ingenuity of the surgeon, who at present limits his efforts in behalf of his patient to making her more comfortable, and at most, prolonging her life a few weeks. The odor, so foul and disagreeable, peculiar to uterine and vaginal cancer, comes in for a share of treatment. Various disinfectants are thrown into the vagina, in the form of injections, suppositories, and cotton tampons, with more or less success in controlling the odor. But, to be of any considerable benefit, they must be used often, *i. e.*, changed every few hours.

Not a few cases of uterine cancer have come under my care, and the plan that I have found best for keeping down the smell is to maintain constant drainage of the vaginal fluid by means of variously shaped tubes, which keep the vaginal orifice open, and the fourchette low enough to permit all fluids to drain away. Oakum or absorbent cotton collects the fluids after they escape. They are burned before they have time to undergo the distinctive putrefaction changes which result from the presence of the body temperature.

Any one who has studied a case of cancer of the uterus from its commencement as a simple proliferation of cervical epithelium, must have noticed how suddenly and rapidly the strength of his patient began to decline after that proliferation of tissue had begun to exfoliate and give out the remorseless and peculiar odor. Just what that odor is I am not aware that anyone has determined, but that it has the power to surely exhaust the vitality and strength of animals no one can deny.

That it is the odor, *per se*, instead of a more tangible something that exhausts the patient I do not claim; but that it is a something which is produced by changes taking place in the necrosed tissues, as a result of their remaining a number of hours in contact with the bodily warmth, my observations justify me in asserting. The investigations of modern chemists into the various alkaloid substances known as ptomaines, suggests a search of the cancer juices of distinctive smell with a strong probability of discovering a clearer reason for their baneful properties.

When the vaginal orifice in my cases has been kept open so that fluids could constantly drain away, there has been coincident a marked improvement in the general health. There has been at once an abatement of the odor peculiar to cancer of the genital tract in women. I cannot but believe the odor bears a causative relation to the destructive character of the disease.

At first thought one would think the vagina sufficiently patulous to secure a thorough draining away of all fluids turned into it, but such is not the case in many instances. I have known considerable quantities of fluid to escape from the vagina when making a digital exploration, which had been retained there by the tonicity of the muscles at the vaginal orifice, and this notwithstanding the patient stood erect and had been walking about every day

The following *bon mot* is credited to the late THOMAS GOLD APPLETON: A friend to whom he had complained of increasing difficulty of hearing, advised him to consult an aurist, suggesting that it might be due to wax in the ears. "Ah, my dear friend," he replied, "I fear it is not a case of wax, but of wane."

THE FIRST MANIFESTATIONS OF THE ACTION OF SYPHILITIC VIRUS.*

BY PROF. H. ZEISSEL, OF VIENNA.

The first manifestation of the action of the syphilitic virus is seen at the point where it has entered the system. The lesion, however, at the point of infection, has not always the same appearance. This depends upon the nature of the vehicle which carries the virus, whether it is an irritant, such as pus, sanies, or an indifferent fluid, as blood, serum, or lymph. In cases in which the syphilitic virus is mixed with a purulent fluid, the irritating effect of the pus is soon evident; the part presents a circumscribed hyperæmia and swollen appearance; in a short time the swelling ends in suppuration and ulceration. The deeper the lesion by which the syphilitic virus has entered, the more rapid and more intense is the swelling and suppuration. In these cases there is formed an ulcer, varying in size. It is only later that the tissues of non-syphilitic persons undergo, at the point of infection, the pathognomonic change which is considered as an indication of syphilitic infection.

The tissue in question is hardened, indurated to a varying degree, and at the point where the syphilitic virus acts, is found the change which is regarded as the initial sclerosis of syphilis. But when the syphilitic virus is carried by a non-irritating vehicle, such as the blood, or the intercellular substance, its insertion is not followed by irritation or ulceration at the point affected, and it is only at the end of several days or weeks that the papule appears where the virus has entered. This papule gradually loses its epithelial covering, and becomes indurated, so that it is evident to the touch from its hardness and resistance. In many cases the development of the local affection is preceded by a slight erosion, varying in extent.

In a few cases, however, experience teaches that there are some persons affected with a mild latent syphilis, without any syphilitic lesion of the genital organs, or of any other region, who infect their wives. In the latter, however, there is not found the syphilitic sclerosis which is the initial lesion of syphilis. With these women syphilis is manifested by a rapid diminution of nutrition and a progressive decline. Gradually they lose their hair; at times periosteal pains and exostoses occur at certain parts of the skeleton (sternum, crest of the tibia, etc.); later profuse and frequent metrorrhagia appears. All these symptoms may disappear under the influence of rational antisyphilitic treatment. The persistence of syphilis in these cases is only evident from the fact that if they become pregnant they generally abort, or if pregnancy does not occur they suffer with metrorrhagia. The manner in which the syphilitic virus enters the system in these women is not yet explained. Again, it is not known how a woman who is affected with latent syphilis, and in whom there cannot be found any focus of syphilitic virus, may infect her husband with syphilis.

Evolution of the Syphilitic Sclerosis.—The mode of development of the initial syphilitic lesion depends upon the mode of infection; in other words, upon the nature of the material which serves as the vehicle for carrying the virus, and upon the lesion which occurs at the time of infection. If the infecting material comes from an ulcerated syphilitic sclerosis or papule, and if the infection takes place in a deep lesion of the skin, the injured part, in a few days, is transformed into a more or less purulent ulcer, which, however, at first does not present any external characters that may indicate its syphilitic nature; even the most experienced practitioner is unable to distinguish the ulcerations caused by a syphilitic virus from those due to other causes. It is only later that this distinction is possible.

In cases where the infecting virus is not mixed with pus, but with the serous fluid that habitually oozes from the surface of the sclerosed ulcer, or with the blood of a syphilitic, or again, if there is only a slight excoriation at the seat of contamination, the infecting substance not being purulent it has not an irritating action, and therefore does not produce an ulcer at the point of entrance. On the contrary, the excoriation cicatrizes rapidly, and after a more or less long period of incubation, there supervenes a papule, varying in size, which in regions where the skin passes into mucous membrane (the labia majora and minora, at the anus), often resembles a moist papule (mucous patch), in the early stage.

The papule retains its primitive form until it entirely disappears, or it ulcerates. The ulceration at times extends to the base of the papule; sometimes it is limited to the superficial layers. Its progress is generally very slow; the disintegration of the papule is rapid only in certain regions, when it then occasions a very deep loss of substance, while in other localities it is only the epidermic or epithelial layers which are destroyed, so that the focus of infection for several days resembles rather an erosion than an ulcer, which gradually takes the character of a sclerosis. The tissue becomes more and more indurated, and the induration often exceeds the limits of the apparent erosion.

The induration or sclerosis, with all its phenomena of evolution and absorption, does not arise from an incidental deviation of a normal process of ulceration, as the opponents of the doctrine of duality suppose; it is the result and necessary manifestation of the action of the

* Translated for the Polyclinic, from the Annales de Dermatologie et de Syphilographie, 25 Juni, 1885.

syphilitic virus, and is not produced all at once, but is gradually developed at intervals.

Sometimes the induration is arrested in its progress of evolution, but later takes a more rapid development. It may reach the size of a lentil, pea, or bean, and may also extend over a large portion of tissue, involving the labia majora or minora, the cutaneous tissue of the glans as far as the middle of the dorsum of the penis.

The size and extent of the induration has no prognostic importance, in regard to the benign or malignant nature of the syphilis. Small and recent indurations, however, yield, generally, more easily to treatment than those which are large and chronic. The absorption of the induration begins at the centre, and is explained by the injured tissue having less power of resistance, it becomes less hard, and after the disappearance of the sclerosis leaves a red-brown pigmentation, which corresponds in size to the induration. The pigmentation generally fades away, and the part originally affected becomes whiter than the surrounding healthy skin. This always takes place in all superficial cicatricial tissues of new formation. At the seat of induration, and if there does not exist at the same time a chancroidal ulceration, a central depression is present, which becomes more and more evident with time; but it is seldom that the cicatrix resembles one produced by ulceration. It is only with indurations coexisting with chancroids that there occurs a loss of substance and a deep cicatrix. The excision of the induration does not stop the development of the secondary phenomena; froquently, as previously noticed by DELPECH, the induration is reproduced at the seat of incision.

WHAT IS CANCER?

BY J. B. SULLIVAN, M. D., STANTON, MICH.

Since the death of GEN. GRANT, this question has been often asked. A cancer is a disease known by the development of peculiar cells, called cancer cells, or of their nuclei. These, combine with a liquid, or semi-liquid substance, called cancerous juice, and is contained in a stroma of new fibrous tissue. The common characters of all cancerous growths are:

1. Of constitutional origin.
2. Their progress is almost always rapid.
3. They progress centrally.
4. They are attended with pain.
5. They return if cut out.
6. They are liable to be diffused over the body, from increase of the *materies morbi;* or are liable to secondary deposits from being absorbed from one part and deposited in another.
7. They are attended with cachexia.
8. They resist all treatment, *i. e.*, cannot be cured.
9. They infiltrate every tissue in their vicinity.
10. They soften inwardly.
11. They ulcerate outwardly.
12. They invade the lymphatic glands.
13. They are heterologous in structure, and lastly prove fatal.
14. The only tumor possessing all these marks is cancer.

We have different kinds of cancer, viz: Soft cancer, or *fungus medullaris.* Externally the soft cancer usually forms a tumor of rapid growth. The hard cancer (scirrhus or carcinoma) has, as its name implies, a much firmer consistence than the soft cancer. The melanotic, or black cancer, is usually of the soft variety. There is the colloid, or gelatina, from which is a peculiar growth composed of a stroma of this membranous or fibrous material. There is hæmatoid, cystic, osteoid, and villous cancer, which, the physician will find, after months of most skillful treatment, must yet ultimately end fatally. The general pathology of cancer (as far as my knowledge goes for the last twenty-nine years), and of the essential nature of cancer would be expressed as follows: It is the consequence of some specific unknown condition of the solids and fluids of the body, to which is assigned this name, viz: "cancerous diathesis" The progress of cancer may be divided into three stages. In the first stage it is deposited in the form of liquid blastema, out of which cancer cells develop. The second stage is active local progress. The tumor grows faster, and pain is more severe. In the third stage diffused and secondary cancerous growths are formed. You ask a *candid, honest* physician, what is his prognosis upon a person who has a cancer, and his answer will be something as follows: The final destiny of a cancerous patient is generally certain; the time in which the disease will prove fatal is uncertain. It is shorter in soft than in hard cancer; in young persons than in old. Some persons succumb in a few months; others survive, if carefully treated, several years, but *two* or *three* years generally prove fatal.

We have ulcers and malignant growths which are not cancers, but are so called by travelling doctors. Of ulcers we have many varieties, which can be classified under three heads. 1st, Healing ulcer; 2d, Stationary, and 3d, Spreading ulcers, which are very annoying. Then there is the malignant pustule, which is a contagious and very fatal disease. It commences as a little dark-red spot, with a stinging pain. There is the lupus non-exedens, which is an ulcer of the face. There is also the lupus exedens, or corroding ulcer, known to the regular profession by its slow, but constant increase, rebellious to all mild treatment, and ultimately

ending in death if not checked. These ulcers are all called cancers, by those quacks who travel from place to place advertising to cure cancers and all other diseases, especially uterine diseases of the female. We have also small tumors, which are called cancers by some. But when put to the proper test (under the microscope, which is the only true way to test for cancer), no cancer cells are found. There is a marked difference between an ulcer and a cancer. In the first stage of a cancer, as I have stated before, it is deposited in the form of liquid. In the ulcer, the deposits are mixed more with an acrid matter. The traveling quack gets the name of curing cancer, which is not a fact. In regard to tumors, they are generally understood to be morbid growths of living tissues, growing independently and abnormally. The word tumor is used in pathological language to signify, not any kind of swelling, or enlargement, as are caused by morbid growths. Thus in the definition of tumors, are included: 1st, That they are composed of a living tissue, yet developed in unnatural quantities or situation: 2d, That they grow independently, or with appearance of inherent power. A large group of tumors are composed of fibrinous or fibro-plastic matters in a stage of development, between indistinct fibrillation or rudimentary cell growth, and perfect fibrous or areola tissue.

We wish to say to those who have been made to believe that they have had a cancer cured, to ask the M. D. (?) who has cured their cancer to test the cancer (or tumor) and see if the microscope will bring out cancer cells, which is the only honest way we can test a tumor, and if it is a cancer, the microscope will reveal cancer cells.

Correspondence.

THE TIME TO CUT THE CORD.

If it is not too late I should like to put in a word in the controversy excited by "OLD PRACTITIONER'S" suggestions touching the care of the new-born child. Allow me to remark at the outset, that DR. A. J. ROSENBERRY and "BEGINNER" must be of that large class of young men who, stuffed with the undigested lore of the school and text-books, start out to practice filled with a sort of contempt for the "old fogies." I have seen these smart ones go forth arrayed with the smile of confidence and panoplied with "the instruments of precision," only in a short time to find themselves very anxious for the counsel of an old fogy whose ears had never been split with the "shop-talk" with which these neophytes seek to cover up the ignorance which experience alone can dissipate.

But to return to our mutton: "OLD PRACTITIONER'S" critics take him to task for his delay in cutting the cord, and smile contemptuously at the physiology which prompts this delay. I would venture to quote a little on this very point, from the Science and Art of Midwifery, by PROFESSOR W. T. LUSK, for the benefit of these gentlemen. It will be seen that if our old friend is in error, he sins in most excellent company, withal. "The ancients deferred the ligature until after the expulsion of the placenta. MAURICEAU, CLEMENT and DEVENTER followed the same plan, but employed artificial respiration to complete the third stage of labor rapidly. The common practice at the present day is to tie the cord immediately after the birth of the child. Still, there have not been wanting, in recent times, warning voices against precipitate action. NÆGELE advised waiting until pulsation of the cord had ceased; BRAUN first describes the changes from the fœtal to the post-natal circulation, and then says: 'The stupendous process should be taken into consideration in the treatment of every case of labor, and because of it the cord should never be severed or tied so long as pronounced pulsation can be felt near the navel.' STOLTZ noted that 'after the child has respired well division of the cord is followed by an insignificant loss of blood, while, after immediate section, blood escapes in abundance.' WINKLER, from anatomical observations alone, recommended not to tie the cord until expulsion of the placenta, or at least until the cord had become pale and had ceased to pulsate, giving as his reason that by delay a certain quantity of blood would pass from the placenta to the child, and that every plus is a gain to the child, which would increase its powers of resistance. He finally expressed it as almost his belief that the practice recommended would tend to diminish the familiar loss of weight in the new-born during the first days of existence." DR. LUSK then refers to experiments of BUDIN and TARNIER, at the Maternité, of Paris, which proved very conclusively that the effect of the immediate section of the cord is to rob the child of three ounces of blood which it would receive were the section not made until after pulsation had ceased. But perhaps DR. ROSENBERRY and "BEGINNER" may question the propriety of setting up these experiments against their conceptions of physiology.

Touching the mechanism by which this additional three ounces of blood is transferred from the placenta to the child, "OLD PRACTITIONER" says it is "pumped" in. His critics take it for granted that the "pumping" he means is *vis a tergo*, *i. e.*, from the mother. This interpretation is, however, quite gratuitous. For aught he has given us to understand to the contrary, the "pumping" he

means is *vis a fronte*, *i. e.*, by a suction in the child. BUDIN holds that with the first breath the afflux of blood to the lungs developes a "negative pressure" in the vessels of the larger circulation, so that a suction force is exerted upon the placental blood, which continues until the equilibrium is restored. To tie the cord prematurely, he therefore maintains, is to cut off from the child a supply of blood for which the establishment of the pulmonary circulation had created a physiological need. SHUCKING, however, does not accept the view that the blood is sucked in, but maintains that the main agent which drives the blood from the placenta through the umbilical vein is the compression exerted by the retraction, and, at intervals, by the contractions of the uterus.

After giving the views of various authors on the question of early or late ligation, DR. LUSK formulates the following rules, which, it is somewhat interesting to note, in view of recent correspondence in the AGE, are singularly in harmony with the views enunciated by "OLD PRACTITIONER":

1. The cord should not be tied until the child has breathed vigorously a few times. When there is no occasion for haste arising out of the condition of the mother, it is safer to wait until the pulsations of the cord have ceased altogether.

2. Late ligation is not dangerous to the child. From the excess of blood in the fetal portion of the placenta, the child receives into its system only the amount requisite to supply the needs created by the opening up of the pulmonary circulation.

3. Until further observations have been made, the practice of employing uterine expression previous to tying the cord is questionable.

4. In children born pale and anæmic, suffering at birth from syncope, late ligation furnishes an invaluable means of restoring the equilibrium of the fetal circulation.

I have ventured to submit the above, not in a controversial spirit or as a defense of OLD PRACTITIONER, for he is quite able to defend himself, but as confirmatory testimony of the important practical points for which the readers of the AGE are indebted to him.

D. O. POTTER, M.D.

THE THIRD STAGE OF LABOR.

While "OLD PRACTITIONER" was paying his respects to me in broadsides of irony, I could shrug my shoulders and hold my peace, but when he again directs the powers of his gigantic intellect to the subject of obstetrics, the occult mysteries of which he reveals by the aid of the most atrocious English "vigorously expressed," I am obliged to again protest. To the charge of being a "neophyte," of "doing violence to justice" and of "fracturing the truth," I have no reply to make, unless it be that of the renowned PITT: "The atrocious crime of being a young man I shall neither attempt to palliate nor deny, hoping to be one of those whose follies cease with their youth and not of that number who are ignorant in spite of experience."

What I wish to call attention to in the AGE of October 26, is the inaccuracies and general looseness of expression which the article on "The Third Stage of Labor" contains. I was particularly struck by the appaling physiology taught in the following paragraph: "If the woman were delivered in the position of all-fours the action of gravitation combining with the expulsive efforts of the uterus would, as in the case of quadrupeds, be sufficient to expel the mass." Now then, if gravitation is to aid this parturient womb to expel its contents the axis of the womb must be vertical or approximately vertical to the surface of the earth, *i. e.*, the fundus must be the highest and the os the lowest part of the womb. Would this be the case if the woman were on "all fours?" On the contrary, do we not invoke the aid of gravitation to throw the womb into the opposite position, where the fundus is the lowest and the os the highest part? Is not this the proper method of reducing a retroversion? How then would the "all-fours" position facilitate delivery?

The adverbial phrase "as in the case of quadrupeds" which forms a part of the paragraph quoted, brings me face to face with a new scientific fact, viz: "Quadrupeds are delivered on all-fours." I lay no claims to being an expert in veterinary obstetrics, but I had always supposed that quadrupeds assumed the prone position when about to be delivered. I do not wish to prevent the emanation of any new truths from the pen of our friend, but I would respectfully ask for references. Give us the proofs. Our author then goes on to describe a method of delivering the afterbirth which is essentially and in fact CREDE'S method, but which he thinks is superior to CREDE'S. What nonsense!

Last of all we are advised to introduce the index and middle fingers into the womb to remove any bloodclots remaining, the contractions being inadequate to their removal. This appears to me a most unwarrantable piece of "meddlesomeness," which the "OLD PRACTITIONER" cautions against. I believe this advice indiscriminately followed would result disastrously. At any rate it is unnecessary, and for an obstetrician to introduce two fingers to the fundus and sweep out clots after a tedious labor (when most necessary if ever necessary), looks to me like a barbarian piece of "meddlesome midwifery" entirely uncalled for. Let us have simple rational treatment of this

important subject, and not mistake garrulity for obstetric science.

A. J. ROSENBERRY, M. D.

BURLINGTON, WIS.

CHLOROFORM IN HICCOUGH—ACONITE IN NEURALGIA.

I have just received the last number of the MEDICAL AGE, and read with much interest the history of the case of singultus, reported by DR. MARLETTI. In regard to the causes and pathology of singultus we know but little, if we gain our knowledge from the literature on that subject, as it is very limited. We know it is an involuntary spasmodic contraction of the diaphragm, and the simultaneous contraction of the glottis, which arrests the air in the trachea. It is a symptom of some morbid condition rather than a disease. The morbid conditions denoted by it are many, and differ widely in gravity, from a single acidity of the stomach, or indigestion, to a gangrenous condition of some part of the body—generally some of the abdominal viscera.

Two days since a brother practitioner came to me for advice in regard to the treatment of a case of singultus in a young man, who had been down six weeks with typhoid fever. I told him I had met with better success from the use of chloroform than any other remedy, and advised the following:

℞ Chloroform, ♏lxxx.
Brandy, ℥ iss.
Starch, ʒ ij.
Syrup simp., ad q. s. fl. ℥ ij.
M.

Sig. Teaspoonful every 15 minutes until the hiccough ceases.

He has since told me that this completely arrested the trouble. I have never known it to fail.

I also noticed in the MEDICAL AGE of Oct. 26 (from Medical Digest), that aconitine is recommended in neuralgia.

Several years since, after being thoroughly discouraged—if not disgusted—with the whole list of remedies, the idea of combining aconite and gelsemium occurred, and I have since obtained most happy results therefrom. I use:

Fl. ext. aconite, 1 part.
Fl. ext. gelsemium, 3 parts.
M.

Sig. Three to five drops every two hours until relieved.

ALTHEUS.

WINDSOR, MO.

COCA AS A CORRECTIVE OF MANACA.

Some of the literature of MESSRS. PARKE, DAVIS & CO., relating to Manaca, came into my hands before leaving London, through the courtesy of MESSRS. CORBIN, STACEY & CO., of High Holborn, which at once challenged my attention, especially in so far as it related to its specific action upon certain rheumatic affections. It must be admitted, that no school of medicine has very strong grounds for boasting in the management of this very prevalent and painful disease. Arriving in this country, I soon had abundant opportunities for putting manaca to the test in actual practice, and I am happy to say that the good opinion I had formed of it has been fully sustained by subsequent experience. But my object in writing this article is to call attention to a difficulty which I have frequently experienced in using manaca, and that is a severe mental and physical depression attending its use in a considerable number of cases. To overcome this, I employed various stimulants from time to time, but to all of these there were objections more or less serious. Casting about for some means wherewith to overcome this serious drawback, I decided to try the fluid extract of coca leaves, in doses of one drachm three times a day, between the doses of manaca. I cannot recommend the mixing of the two drugs together, but given as above stated, coca in no way interferes with the specific action of the other medicine, but entirely prevents all depression. I never use manaca compounded with any other drug, believing that it may be relied on to do its own work in any case where its use is indicated.

JAMES RADCLIFFE, M.D.

BALTIMORE, MD.

How soon are we forgotten when death translates us to another sphere! It should have a salutary influence on those who now think themselves so vastly important, to recall the list of the prominent ones who have departed within even a year or so. Their names are now seldom mentioned even by those who lived most closely to them, and to the community they are almost as if they never were. We recall the names of physicians who occupied an unusually large place in the regard of the people, and who were so flattered by the homage of their clienteles that they would have been pardoned for believing themselves to be essentials to the health of the community. They died, and in a few short months others took their places, and the sick are attended to, and the women bring forth as if the special favorites had not lived. Verily, no one should flatter himself with the belief that the affairs of life could not do quite as well without him as with him.

The Medical Age.

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JOHN J. MULHERON, M. D., Editor.

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Editorial.

THE DOCTOR'S PECULIAR DANGER.

The physician, especially if he has been favored by nature with physical attractions, is above all men subject to sexual temptations. His relations to his female clientele are of that secret and confidential nature which tends to familiarity. Weak women who are diffident and shy towards all other males, frequently conceive for their physician a passion which it would require but a slight response to convert into a crime. We apprehend there are few of our readers whom professional experience has not convinced of this frailty (which may, after all, be more or less physiological) on the part of the weaker vessel. In view of this fact it is very complimentary to the profession that there are so few scandals chargeable to it. As compared with even the clergy (the especial conservators of morals) physicians stand well in this respect. Doubtless, too, not a few of the scandals chargeable to medical men have no sufficient foundation, the peculiar relations of the doctor to his female patients laying him especially open to the schemes of the blackmailer. The sad case of the recent shooting of DR. THOMAS WAUGH, a Chicago physician is a striking illustration, and the acquittal of the murderer in the face of evidence calculated to raise a serious question of the doctor's guilt, is evidence of the existence of a distorted public opinion on these matters.

The Western Medical Reporter closes an editorial review of the case above alluded to with the following, which commends itself for its sound sense:

There is one point, which the average man fails to consider in such matters, viz., that it takes two to make a bargain, and that the honor of a virtuous woman is safe in the hands of even an immoral physician, who, be he ever so base, is still alive to his business interests and is not likely to endanger them by any forcible coercion of his patient's scruples. That the average physician would be so foolish and forgetful of his best interests and reputation as to make definite advances where there was the slightest possibility of a repulse, is hardly probable. This aside from any moral consideration. There is hardly a physician in general practice, but can testify that the profession of medicine is one which is attended by great temptations at the hands of persons who consider the doctor to be a man who is fair game, and whose best interests lie in the direction of discrete silence. Verily, between such persons on the one hand, and professional blackmailers, hysterical subjects and nymphomaniacs upon the other, not to speak of a touch of that human nature, which makes all men kin, the doctor is in a worse predicament than was poor Odysseus, for he could hope to escape from both Scylla and Charybdis in a reasonable time, while your poor devil of a doctor is menaced by them throughout the whole of his professional career.

Contrary to the generally prevalent opinion, there is nothing about the majority of gynæcological patients to fascinate the physician, and if the truth were known, people would appreciate the condescension of the physician in treating this class of maladies. There is little of romance in cotton tampons and SIM'S speculum, nor is there much erotism in the pessary. The cases of alleged assault made by physicians have almost invariably been either cases of blackmail, or of hysterical delusion, aided by anæsthesia. Examples of injustice done under such circumstances are numerous. The case of DR. BRADLEY, of England, is an example. LORD COLERIDGE himself maintained the injustice of the sentence, yet the doctor went to prison for a lengthened period. It must be admitted that in cases like the WAUGH-SWEET affair the party of the second part must be more than half willing, for the seduction of a married woman is more poetical than practical. That the husband took the matter quite coolly is evidenced by his own testimony, and the possibility of collusion between the husband and wife is by no means chimerical. The action of the grand jury in the matter was a travesty on both law and justice. Had the husband detected his wife and her paramour in *flagrante delictu* and killed one or both, there might have been some excuse for the jury's action, but emotional insanity does not fit nicely the man who does the peep-hole act three successive times, and then steals upon his victim in the darkness and shoots him in the back; at least, we trust that the case may not go upon record as such. Perhaps DR. WAUGH received his just deserts, but that SWEET received his is more than doubtful, and that MRS. SWEET did not receive hers, is certain. Perhaps if the juryman's proposition were reversed, and a little were done in the way of moral training of the female patients who seem to him in such great danger, the proper measure

of correction in such cases would be applied. It is a little worthy of remark that the man whose righteous indignation could become sufficiently appeased to forgive his wife, who had really done him the greater injury, should have found it necessary to slay the doctor. Exactly how the equilibrium of his mind was maintained, with such a peculiar admixture of callosity and sensitiveness, is difficult to conjecture. We are in no sense attempting to condone DR. WAUGH'S offense, if such be proven, but we do protest against such a pronounced display of bitter one-sidedness as has been shown by the jury.

Scandals involving the profession are few and far between, even when compared with the clergy, who are vastly in the minority in point of numbers, and there was really no crying need of a terrible example for the edification and protection of the public. There is one thing which is devoutly to be wished, and that is a radical change in the management of cases of gynecic disease. Either the whole field of gynecology should be relegated to female practitioners, or the physician should refuse to treat such cases except in the presence of a lady assistant. Then the doctor, perhaps, might be like Cæsar's ideal wife, "above suspicion," for be he "as chaste as ice, and pure as snow, he will not escape calumny," as the matter now stands. For the professional roue, who uses his profession as a lever wherewith to take advantage of the innocent and unwary, there is no punishment too severe; but in the face of the extreme rarity of such cases, justice should be a trifle less poetical and more practical than in the illustrations we have recounted. The strict letter of the ancient law was "thou shalt not kill;" but as interpreted by the intelligent (?) and incorruptible (sic) juries of modern times it will probably read, "thou shalt not kill any one but doctors." This may be a satisfactory answer to "what shall we do with our graduates?" but it can hardly be impartial justice.

MEDICINE AS IT SHOULD BE AND AS IT IS.

DR. ALBERT L. GIHON, President of the American Academy of Medicine, drew in his recent annual address the following picture:

The science of medicine involves the knowledge of everything that relates, however remotely, to the existence of man,—his place in nature, his origin, growth and development, preservation and continuance. The prevention and cure of those abnormal conditions which tend to his destruction are but one chapter in the volume which, coming near the end, cannot be read understandingly without the thorough comprehension and diligent study of all that precedes. Medicine is so far-reaching in its sources, and so concatenated with every other branch of knowledge, that he who would begin its study must first have drunk deep of the well-springs of human knowledge. Medicine is a science of such proportions that only a well-educated man can master it. Is this the view of it entertained by the profession at large? What are the facts?

Let us see how the profession is recruited. Ordinarily, a youth becomes a doctor, as he weds, from a whim; those no longer young because, having failed in other occupations, they hope to make money by this,—knowing nothing of its responsibilities and requirements, without aptitude, ignorant and illiterate. Such a one goes to college, and as a first-course student listens to lectures on anatomy, practice, chemistry, surgery, etc., one after another, and without understanding a word of the technical language.

Seventy-nine colleges require evidences of preliminary education,—this only specious in most. Recent instances of illiteracy on the part of graduates before examining boards: "colume of murcury," "cours at Beleview," "anylitic," "assend," "admition," "diameter of the earth ninety-two thousand miles," "the Field of the Cloth of Gold some kind of tapestry," "an alterative acts like food on building up system and are favored in their action by stomachic or anything which arouses the system to action." Could the man who after graduation says "was began," and spells "gravatation," "femeral," "superating," "corpusels," etc., have ever comprehended the language used by his teachers?

Why should medicine be cheapened to every purchaser, and the college debase its teachings to their limited understanding? A collection of theses presented to American medical colleges during the last five years would be more entertaining than "English as She is Spoke." Only the utter ignorance of elementary chemical principles by the men who study medicine has made chemistry one of the seven chairs. It properly belongs to the academic course.

What only can medicine be to the ignorant members who are annually mustered into the ranks of the profession? To these men it can have no other aspect than that of a trade. They entered upon it as a money-making vocation; it was taught them as a source of pecuniary profit; they practice it for the fees they get.

Manifestly, then, medicine is not the same to all men, even medical men. If improper men can be excluded from national societies, why not from state, county, and city medical societies? This should be done for the protection of the community.

WHAT THE MEDICAL JOURNAL SHOULD BE.

The most important function of a medical journal is to be the medium of a free interchange of views between its readers, on matters of contemporaneous interest. Our ideal journal would be replete with practical hints, and would contain nothing of a non-practical nature which was not of very direct value in assisting towards a practical conclusion. It would be innocent of all dilettanteism and would relegate the "space-writers," who assume to pose as the wise ones of the profession, to the limbo of intolerable curiosities. Each issue would be a bundle of practical experiences contributed by those who keep their senses keenly on the alert while they are in the presence of the sick. It would encourage its readers not to write learnedly, to display their erudition, but, taking it for granted they have the necessary foundation for practice laid in the more practical branches of medicine, would require each one to contribute at the end of each month the most valuable practical observation made during the preceding moon. What a treasury of practical hints the AGE would be, were its 5,000 subscribers to conform to this requirement! Doubtless many experiences would be duplicated, but enough could be gleaned to keep the pages of the journal full and running over with matter for which the practitioner would find it impossible to give adequate pecuniary return. Such contributions as we should require need not occupy over a quarter of a page for each, and in very exceptional cases a half page might be devoted. There are few points contributions on which we would request, which could not be fully covered within the limits of this space.

Such a journal as it would delight us to issue would be particularly rich with notes of a practical nature on the diseases peculiar to the various seasons of the year. During the present advent of cold weather, for instance, the great bulk of its contributions would be devoted to the inflammatory affections which are beginning to occupy so large a part of the practitioner's attention. Notwithstanding the treatment of these is almost universally based on that laid down in the standard text-books, it presents diversities in the practice of different physicians, the experience of most having led to variations. These variations should be recorded, in order that contemporaneous practitioners may either directly profit by them or subject them to that legitimate experimentation the opportunities for which are so frequent. The art of therapeutics improves chiefly by accretion, and it is each practitioner's duty, as he hopes to profit by the contributions of others, to contribute towards it his mite. There is a moral as well as a professional obligation in this matter, of which no one who takes on himself the weighty responsibilities of the physician, can absolve himself.

DEATH OF DR. S. G. ARMOR.

The news of the death of DR. S. G. ARMOR, as unexpected as it is sad, will come to many readers of the AGE as the news of the death of a friend. DR. ARMOR'S connection with the medical department of the University of Michigan and other western medical schools, made his name familiar to the profession of this section. DR. ARMOR was born in 1818 and died on October 27th ult. at the comparatively early age of 67. He commenced to teach in 1844 and up to the time of his death had always had a college connection. He left the University of Michigan in 1868, because of the introduction of homœopathy into that institution, and removed to Brooklyn, N. Y., where at the time of his death he occupied the chair of Practice of Medicine and Clinical Medicine in the Long Island College. DR. ARMOR was a man of commanding appearance and pleasing address, and uniting with a thorough knowledge of his profession the graces of the orator, he was an exceptionally successful teacher. He was during the years of his connection with the University of Michigan, a resident and practitioner of this city, and at a meeting of the Detroit Academy of Medicine, of which he was an honorary member, the following resolutions of respect for his memory were adopted:

WHEREAS, It has been announced that PROF. SAMUEL G. ARMOR, M.D., LL.D., an honorary member of this body, and for many years a resident of Detroit, died at his home in Brooklyn, N. Y., on the 27th ultimo, in the prime of his vigor and usefulness,

Resolved, That while we bow in submission to the decree of Infinite Wisdom, yet we hereby express our sense of sore bereavement in his death.

Resolved, That the untiring devotion which our friend has exhibited in his chosen life-work, the large-hearted generosity which he uniformly manifested towards his brother physicians, and the delicate sense of honor that marked all his dealings with them, together with his thorough integrity and broad manhood, endeared him to the majority of our membership in life, and remain enshrined as his best legacy in death.

Resolved, That we extend our warmest sympathy to the great number who in the death of DR. ARMOR mourn the loss of a friend and teacher.

Resolved, That a copy of these resolutions be sent to the family of DR. ARMOR, to the Long Island College Faculty, to the several medical journals of Detroit, and to the Medical Record and Medical Journal, of New York.

(Signed)

EDWARD W. JENKS.
GEO. P. ANDREWS. } Committee.
J. S. NOYES.

DEATH OF DR. W. H. SOLIS.

In Calumet, on the —— inst. DR. WILL. H. SOLIS, of pneumonia.

DR. SOLIS was born in Pontiac, Oakland Co., Mich., in 1850. He began his study of medicine under the tuition of DR. LE BARRON, of that place. He graduated from Ann Arbor in 1873. He then accepted a position on the Quincy Copper Mine, L. S. as assistant to DR. SHEPPARD. Here he remained for several years, when he resigned to accept the appointment of physician to the Allouez Mine, which position he retained up to the time of his death. He also attended to the Osceola Mill at Lake Linden, and Bagley's Wood Camp, making a very large and extended practice.

In October last his servant girl was suddenly taken ill at the house of her grandmother, in Hancock. He was hurriedly called to see her, and on his return he complained of a severe pain in his side, which soon developed into an attack of pleuro-pneumonia, from which he died a few days later.

The deceased, although a young man, had evinced a marked ability in his profession, and had he been spared, would no doubt have attained to the highest rank, and become one of its best exponents.

He will be mourned by those of the medical profession who had the pleasure of his confidence, as well as by those of the laity, who intrusted their health and lives to his care.

THE TREATMENT OF ACNE BY THE SOUND IN THE URETHRA.

In a paper read before the American Dermatological Association, the report of which appears in the Journal of Cutaneous and Venereal Diseases, for November, DR. DENSLOW gave an account of a number of cases coming under his observation, in which there were reflex conditions associated with such conditions of the urethra as contracted meatus, stricture, and excessive sensitiveness of the prostatic urethra. In these cases removal of the urethral trouble produced an alleviation or cure of the affection to which attention had been directed. He also reported four cases in which the same treatment was followed by marked improvement or cure of the skin disease (acne).

In the discussion which followed DR. HYDE called attention to a fact bearing upon the subject discussed in the paper, viz., that many patients with urethral troubles were in the habit of taking internal remedies without the knowledge of the physician, which might, he thought, often excite acne medicamentosa, or they might be taking drugs secretly for sexual hypochondriasis, under the belief that they had blood-poisoning. He would ask DR. DENSLOW, in treating cases with sounds in future, to ascertain how many of the patients had been taking drugs, and how many stopped using them at about the time the acne improved.

DR. DENSLOW said that in none of the patients whose cases he reported, was the acne due to drugs, and none of them were in the habit of masturbation. He had no theory of the etiology of acne to advance, but had in his paper simply reported a small number of facts which he had observed since January.

Notes.

The following, from a newspaper report of a recent trial in this city, is quite interesting. The physician in the case was DR. WILLIAM BRODIE, President of the American Medical Association:

Little NELLIE KEEVAN had sued the BARNUM Wire Works for being run over by one of company's trucks. The doctor testified, in behalf of the company, that the girl's injuries were very trifling, and that she would recover the use of the crushed foot.

"You may be mistaken, may you not?" asked the plaintiff's lawyer.

"Possibly."

"Doctors make mistakes, don't they?"

"Certainly, just like lawyers."

"And sometimes try to cover them up, don't they!"

"Oh no; the undertaker covers up doctors' mistakes."

"Oh! Well, are doctors ever disappointed in their calculations?"

"Very seldom. The public are the ones that get disappointed in the calculations."

The lawyer was somewhat disconcerted by this repartee, but pulled himself together and went in on another tack:

"You say this injury was a mere trifle, doctor. Then your bill will probably be a mere trifle; about $10?"

"Well, what kind of a doctor do you take me for, anyway?"

"State what your bill will be for this trifle."

"Oh, somewhere about $100."

"Isn't that considerable for a trifle?"

"Well, it wouldn't be so much if I was going to charge the girl, but, you see, the company's going to pay, so it will be about $100."

The doctor's candor convulsed judge, jury and spectators. MISS KEEVAN secured a verdict of $1,000 against the company.

The Medical and Surgical Reporter reproduces from an exchange the following observations of a gentleman who had traveled among the negro population of the south, indicating the rich field existing there for the patent medicine man:

If the negroes of the south could read, there

would be such a demand for patent medicines, porous plasters, pills and stomach bitters, as would force every manufacturer to double his help and capacity. The negro is always ailing. If he could read almanacs and circulars, he would think so twice as stronly.

At Dalton, Ga., I saw a big fellow pick up a barrel of flour as easily as I could have lifted a twenty-five pound sack, and when I complimented him on his strength, he replied: "Yes, boss, I seems powerful strong, but you doan' know what a hard time I has of it. Ise got liber complaint, dyspepsia, and consumption, an' I reckon I won't neber see snow fly agin."

I was in a livery stable at Marietta, when a man came in with a bottle of prepared Jamaica ginger. One of the colored men employed about the stable, who hadn't lost a day for years, and who looked as rugged as a mountain, looked at the bottle three or four times, and then asked:

"What yer got dar, Kurnel?" "Something for apoplexy," was the reply. "Would ye mind givin' me a sip of it, kase my apoplexy has been takin' on in de moas' dreffal manner fur de las' week?" "You can take a pull if you wish." As soon as he could speak he remarked:

"Ah! but dat stuff seems to hit de spot. I reckon it will cure up my apoplexy all right, an' like 'nuff I may light on sumthin' else good fur congestion of de lungs an' water on de brain."

We believe it to be the very general complaint that practice has been unusually dull for the past year, and that there are little immediate prospects of its betterment. Is it because of the rapidly increasing number of doctors who must live, and thus divide up the business, or because of the increasing effectiveness of sanitary science? If matters do not mend before long, we shall expect to see committees on the "State of the Profession" appointed by the medical societies, to determine the cause of the dulness and to suggest remedies therefor. While *salus populus* may be *suprema lax*, as things now are, there is little or no money in it for the doctor, and if competition continues to increase, the sanitarian will scarcely be looked upon as a friend to the hardworking doctor, or to him who would be hardworking if he had a chance, but who is, nevertheless, burdened with a family for whom he is bound, if possible, to furnish the necessaries and many of the luxuries of life. The time is, we believe, in the near future, when the question of the physician's duty to prevent disease without remuneration will engage a large share of the professional thought.

The Denver Medical Times puts the matter of abortion in the following forcible anecdote: A woman carrying her 12-months' old child consulted a doctor to have an abortion performed, giving as her reason that she could take care of one child, but not of two. "So you want one of them destroyed?" suggested the doctor. "Yes," replied the mother, with lowered voice and dropping her head. The doctor seized a hatchet and rushed at the child in her arms as if to brain it. "In Heaven's name," shrieked the woman, "Do you mean to murder my darling?" "Madam," replied the doctor, "you want one of your children killed. I prefer to kill the one in your arms, for in attempting to kill the other I might possibly also kill you, and thus be a double murderer."

The brethren in Buffalo do not dwell together in peace and harmony, the rivalry between the two colleges there and their respective supporters, being the *causus belli*. Why don't they unite their colleges into one, as has been done in Detroit. Our local profession, which has for years been distraught with bitter jealousies and animosities, presents now a model of peace and love, since the lions and the lambs have lain down beside each other. It is true there is a suspicion that the lions are slowly appropriating the lambs, but as long as they properly digest and assimilate them the harmony will not be disturbed. Amalgamation is the thing, and we advise our Buffalo friends to try it.

The Medical Press is the name of the last venture in medical journalism. It is issued from Buffalo and is edited by DR. ROSWELL PARK. We like its style very much. DR. PARK is himself a graceful writer, and he has associated with him a corps of trained writers —DR. M. D. MANN, of Buffalo, DR. E. G. VAN DE WARKER, of Syracuse, and DR. M. J. HARRIMAN, of Rochester. The Medical Press disclaims all purposes other than the purely scientific, and will "let it be the role of the large and excellent metropolitan weeklies to serve as advertising mediums for the publishing houses which control them." A journal having such a purely scientific purpose deserves to be a phenomenal success. So mote it be.

The Medical and Surgical Reporter, without giving the name or place of residence of the physician, reports a terrible mistake recently made. A young woman suffered from an eye affection which necessitated enucleation. She was put under chloroform and the operation performed, but it was found after she had recovered consciousness that the sound eye had been removed. The physician immediately fled the house, so thoroughly was he overcome by the mistake. A suit for malpractice will, of course, be forthcoming. Such a blunder is inexcusable under any conceivable circumstances.

The Lord-Lieutenant, of Ireland, recently presented the Albert Medal of the second class, to DR. E. C. THOMPSON, of Tyrone Infirmary, for "an act of heroism," performed by that gentleman in the discharge of his duties. The medal was conferred by order of the Queen. The act thus rewarded was the sucking of the tracheotomy tube to cleanse it in the case of a patient on whom tracheotomy had been performed for diphtheria. A correspondent fitly inquires, if this is heroism, where does foolhardiness begin? Perhaps the next medal will be given as a reward to the fellow who most narrowly escapes death from attempted suicide.

A man having been long in a delicate state of health resolved at last to consult an eminent doctor. After the medical man had heard all his complaints he wrote out a prescription, and also urged him to take as much "animal food" as he possibly could. The patient wonderingly gave the rather amusing reply: "Weel, sir, I think I could manage a neep, an' I might try oil-cake, but I'll be hanged before I wad eat straw."

It is alleged that over three-fourths of the births in Dakota have for some time back been of the female sex, and the fact is beginning to cause alarm. The etiology of the thing is being looked into, with a view to its being corrected. The citizens of that territory are afraid that unless something is done they will soon be under the necessity of giving countenance to "the twin relic of barbarism" which is causing so much ado in Utah.

MRS. BATTEY, according to the Atlanta Medical and Surgical Journal, takes entire charge of the patients after her husband, the doctor, has operated on them, and our contemporary gives it as its opinion that it is to her good nursing and kind and gentle treatment, more than to the strict antiseptic precautions, that the great success of the operations is due.

DR. KEITH, of Edinburgh, was recently brought from over the sea to give an opinion on the case of a lady the cause of whose abdominal enlargement was obscure. He spent about half an hour with the case and confirmed the diagnosis of the attending physician. For this service the Northwestern Lancet says he received $10,000.

The efficacy of vaccination is strikingly illustrated in the fact that in the Prussian army, numbering over half a million of men, there has not been a death from small-pox in ten years. Every recruit is vaccinated regardless of whether he has been previously subjected to the operation.

A wag suggests that the general vaccination of our police force in view of the possible occurrence of a small-pox epidemic, is a piece of useless extravagance, inasmuch as there isn't the remotest danger of the officers catching anything.

The Medical Record thinks it may be very well for the laity, but it is rather a careless comment on royalty for medical men to speak, as the Lancet does, about "the Queen's movements."

A medical contemporary advertises that all Job work entrusted to it will receive prompt and careful attention. As Job's forte was patience, it seems eminently proper that the medical man should desire to succeed him.

Professor, looking at his watch: "As we have a few more minutes, I shall be glad to answer any question that any one may wish to ask." Student: "What time is it, please?"

One of the most atrocious things of the season, is reported by the Medical Record of a DR. SAMUEL W. FRANCIS, who says that squinting is due to the presence of micro-cock-eye.

ANTHONY COMSTOCK has commenced a crusade against the druggists of New York who deal in certain India-rubber goods, in violation of the penal code.

Vaccination is claimed by DR. ENTIRKEN, in the Cincinnati Lancet and Clinic, to be a cure for whooping-cough in those who have not been previously vaccinated.

Children are like the mob, in that they always complain with reason, although they cannot give the reason why they complain.

Book Notices.

THE DISEASES OF SEDENTARY AND ADVANCED LIFE. A Work for Medical and Lay Readers. By J. Milner Fothergill, M. D., Physician to the City of London Hospital for Diseases of the Chest (Victoria Park); Late Assistant Physician to the West London Hospital, etc.
New York: D. Appleton & Co.
Detroit: John MacFarlane.

The preface to this book says the work was written to fill a gap in medical literature. The diseases of sedentary and advanced life lie a little outside and beyond the ordinary text books on practice of physic. The writer is well known for his descriptive powers, and for the possession of a style which comes readily within the comprehension of the intelligent layman. In the work before us he has been singularly happy in his combination of the scientific treatise with the popular text-book. While the book treats of facts which are tolerably familiar to the physician it presents them in an

attractiveness of style, and oftentimes a quaintness of expression, which will cause it to be frequently taken up, as one takes up a piece of light reading, to relieve the tension caused by the perusal of works not necessarily more scientific but written in a style dry and ponderous. It is, moreover, so replete with valuable suggestions that few practitioners, regardless of the range of their reading, will lay it down after an hour's reading without having imbibed something which will the better qualify them for their work. It is difficult to select from a book of such all-round goodness, any special points for notice. It must suffice to say that it is such a work as the physician may not only read himself but especially recommend to such of his more intelligent patrons as are passing into the sere and yellow leaf.

A Text-Book of Nursing, for the Use of Training Schools, Families and Private Students. Compiled by Clara S. Weeks, Graduate of the New York Hospital Training School, Superintendent of Training School for Nurses, Paterson, New Jersey.
New York: D. Appleton & Co.
Detroit: John MacFarlane.

This is hardly such a book as any well-educated physician, gifted with the usual stock of common sense found in the members of the profession, would find it necessary to read. It not infrequently happens, however, that more explicit instructions than he is able to give are necessary for the nurse to whom his patient is committed. In lieu of such instructions, of a general nature especailly, he may with safety place a copy of the book before us in the hands of the nurse. Its careful study by the public would be of great assistance to the profession, in so far as it would conduce to the intelligent nursing of the sick. It is not too technical for the comprehension of the layman of ordinary intelligence, and, indeed, it is prepared with admirable care and ability.

Elements of Modern Medicine, including Principles of Pathology, and Therapeutics, with Many Useful Memoranda and Valuable Tables for Reference. Designed for the Use of Students and Practitioners of Medicine. By R. French Stone, M. D., Professor of Materia Medica, Therapeutics, and Clinical Medicine, in the Central College of Physicians and Surgeons, Indianapolis; Physician to Indiana Institute for the Blind, etc.
New York: D. Appleton & Co.
Detroit: John MacFarlane.

This book of 368 pages is so bound with tuck and pocket as to make it convenient for carriage in an inside coat-pocket, and is designed to be literally a *vade mecum*. Its nature is very clearly designated in its title page, and it only remains for us to say that the author has shown unusual powers of condensation. Should the practitioner, perchance, have a pocket left after having stowed away the anatomies, dose-books, visiting lists, medicine cases, etc., etc., prepared expressly for him to carry on his person, he cannot do better than to fill it with the book before us.

The Medical News Visiting List.
Philadelphia: Lea Brothers & Co.

A complete pocket-book of useful memoranda for physicians and surgeons, with blanks suitable for keeping the professional and business records of a practice aggregating thirty patients per day. Wallet form, handsome red seal binding, tucks, pocket, pencil and rubber, $1.00. With patent thumb-letter index for rapid use, 25 cents additional. This is an exceedingly attractive list, excelling most others in the quality of its binding, and containing a fund of valuable and well-selected information in the forty-eight pages which precede the list proper.

Lindsay & Blakiston's Physician's Visiting List for 1886.
Philadelphia: P. Blakiston, Son & Co.

This is the 34th year of the publication of this popular list. It contains the usual introductory pages fraught with such information as the physician is supposed to have allowed to slip his memory in the emergencies in which he most needs it. It is issued in four sizes, adapted respectively to 25, 50, 75, and 100 patients a week.

Medical Progress.

Syzygium Jambolanum—A New Remedy for Diabetes.—Syzygium jambolanum belongs to the natural order myrtaceæ, and is indigenous to the East Indies. The part used in medicine is the berry, or fruit, which is very hard, of a brownish-black color, fusiform, about fifteen millimeters long, ten millimeters thick, and has an aromatic, not disagrreeable, spicy, astringent taste.

Some few months since, the London Lancet copied from a French journal a little article on this drug, which stated that it was a powerful remedy for diabetes mellitus, curing the disease in four days. Its properties were stomachic, carminative, diuretic and astringent. This notice so impressed me, that I set about to procure the drug, and a little was finally obtained from India. The curative effects of the remedy upon my patient and others, have been so remarkable, that I believe I can say with much assurance, we have in this drug a true specific for the cure of this heretofore incurable disease, diabetes. By a specific, I mean that the remedy will cure a great majority of cases. So little of the drug has been received, that we have none to experiment with to learn its physiological action upon the human system; until then, a few cases where the drug has been administered will prove interesting to the profession.

Case 1.—A gentleman has been afflicted with diabetes, badly for the three last years, some of the time voiding in his urine one pound and

quarter of sugar a day! The percentage at no time being less than five per cent. of sugar, and most of the time twelve. The amount of urine voided daily averaging two gallons, specific gravity 1.042. His greatest suffering is from a constant heavy weight in the occiput accompanied with great debility. His headache is greatly aggravated by starchy food and particularly so by sugar. Has been treated by the best physicians in Chicago and in Europe, and is now given up as hopelessly incurable. This is the condition he was in when commencing the syzygium. We will let him tell his own story: "It is now eight days that I have taken the medicine, and the result is very remarkable. From eight pints of urine passed daily, I now pass but three and a half. From four calls during the night I do not get up at all, and pass, say, one-half pint in the morning. From twelve per cent. sugar, DR. C. E. CLAICUS, who has examined my urine every week for three years, although during that time for four months I lived entirely upon skim milk, and another time upon skim milk and gluten bread, sometimes the sugar has gone down from five to seven per cent., but much of the time twelve per cent. Now, the change came within twenty-four hours after commencing the remedy, a clearing of the head, and an entire change of everything. The astringent seeds seem to be the active part. I took about twenty grains three times a day of the drug, and it so increased the activity of my heart, that I reduced the dose to five grains. I write in great haste as I am just starting for Europe."

He called on me the next morning after his return from Europe, and his first salutation was, "I am a well man." I asked him to write me out just where he had been, what he ate, and how he took the remedy. The following is his reply:

DR. BURT—*Dear Sir:*—As you were the first physician in America to prescribe syzygium jambolanum for diabetes, it is right that you should know its wonderful effects in my case. I have been under treatment for the past three years—analyses having been frequently made by DR. C. E. CLAICUS, of Chicago, showing from eight to twelve per cent. of sugar. I lived for eight months on the pure skim milk system (DR. DOWLING system), only reducing quantity of sugar to about eight per cent. The syzygium I commenced to use June 1, 1885, and in ten days the sugar had been largely reduced and quantity of urine from seven and eight pints in twenty-four hours to three and one-half to one. The results are immediate. The pain in head entirely cured—I taking five grains in powder (powdered seeds) three times a day before meals. June 12th I sailed for Europe, going on to northeast of Norway (North Cape), eating at sea and on shore everything except sweets and sugar in any way—while before for two years I had lived on milk and gluten bread—but with no bad results—feeling as I had not in years—drinking a pint of red wine daily. The summer I have spent in Russia, going from Stockholm through Finland to St. Petersburg, Moscow—down the Volga from Nijine Novgorod to the Caspian sea—then about the Caspian sea visiting all the ports and landing at Boku—then on to Tiflis over the Caucasus mountains throughh district of Vladikavkas, across the sea of Azof to Theodosia Yolta and through Crimea—Black Sea to Odessa and back to civilization! All this time I have been eating what I could get, regardless of anything but sugar (as far as possible I have taken sugar in nothing). DR. BLOM COSTER, the great Dutch physician of the Hague, has been six weeks with me and is confident of the marvelous results from the use of this seed. An analysis made this date, October 1st, shows no sugar but high sp. g. 1.031.

"Any further information I shall be glad to give you, as I am only interested in the cause of humanity. Sincerely yours.

* *

I have treated two more cases, where the specific gravity of the urine was 1.035, accompanied with excessive debility, and indigestion. The urine was not tested chemically for sugar, but I have no doubt that it did contain sugar. One was a lady about 24 years of age, the other a gentleman 45 years. Both were cured; the specific gravity of the urine came down, ranging from 1.012 to 1.024. DR. C. E. CLAICUS, a chemist, who makes a specialty of testing urine, was furnished some of the syzygium by my patient and treated the following cases with the drug:

CASE 2.—Gentleman, aged 47. Had diabetes for four years, but never very bad. He does not know how much sugar his urine contained during those years. He voided from five to seven pints in twenty-four hours, specific gravity of 1.036. He suffered more from the inconvenience of keeping up a diabetic diet than from the symptoms of the disease, excepting the necessity of having to urinate two or three times during the night. Before commencing the drug, the specific gravity was 1.036. The amount of sugar six per cent. After three weeks the specific gravity was reduced to 1.030; the amount of sugar to three per cent.; the quantity of urine to four pints; and now for the first time in many years he passed a night without urinating. This patient has eaten potatoes and sweet-meats during the last two weeks. His general feelings have greatly improved

CASE 3.—Gentleman, aged 71. Had suffered from diabetes since 1880. His increasing debility, and flattening of the eyes, more than the large quantity of urine voided, induced him to seek medical aid. The skimmed milk diet, strictly followed for three months, removed the alarming symptoms; after that time he added gluten bread, meat and claret, with comfort, although he voided from three to seven pints of water in twenty-four hours, which varied in specific gravity between 1.030 and 1.040, and in sugar, between eight and twelve per cent. The writer made occasional analyses through all those years. To this patient twenty-two powders were given, each containing five grains of the powdered seed. The analysis made before he commenced on them showed specific gravity 1.036; sugar eight per cent. Eight days later, after having taken four powders each day, there was a decrease of twenty-five per cent. in the quantity of urine, and the decrease in sugar was from eight to six per cent., and he was not disturbed during the night. After another week the same dose of the drug caused another reduction of ten per cent in the quantity of urine, and of sugar two per cent. There was also an invigoration of the whole system, so that he was able to drive a spirited horse which he would not have thought of driving two

weeks before. After the third week, the quantity of urine amounted to from thirty-five to fifty per cent. of that passed before the medicine was taken, and the sugar in it to only three per cent.

CASE 4.—A physician in the prime of life, not a bad case of diabetes, of the intermittent kind. The urine passed during and after the hours of rest contained sugar amounting to four per cent., while that passed during and after the hours of bodily and mental activity and strain was free from sugar. The effect of this drug on this patient was the same as on the others; the quantity of urine, its specific gaavity and its percentage of sugar were constantly reduced. At one time he thought he had to reduce the daily dose of twenty grains of the drug to ten grains, for fear of reducing the quantity of urine too much. The limited amount of the drug on hand, compelled a cessation of these experiments until more could be procured.—*Chicago Medical Journal and Examiner.*

The lesson taught us by these cases, regarding the action of this remedy in curing diabetes, is this: Syzygium acts as a stimulant to the vaso-motor nerve centres in the medulla-oblongata and subsidiary centres in the spinal cord, solar, mesenteric and renal plexuses; through these centres there is produced a great increase of arterial tension, generally, and upon the renal arteries that supply the glomeruli of the kidneys, the arterial pressure is especially raised, increasing the tension in some cases, so as to almost occlude the capillary vessels. As shown in all the cases treated, by the great suppression of urine, and in the doctor's case, he feared the secretion would be entirely arrested. In all the cases treated with the drug, there was a marked toning up of the whole physical organization, giving marked strength and vigor to the patients, as it were, a new lease of life and manhood, very much resembling the tonic effects of the sulphate of quinine.

Dose.—One word as to the best method to administer the remedy. So far as our limited experience goes, the most favorable curative results have been secured by the use of the finely triturated crude drug in five-grain doses *ter die*, half hour before eating. When given in ten- and twenty-grain doses, the heart becomes very much excited, with extreme suppression of urine, and an uncomfortable excited condition of the patient, but there may be cases where these large doses will have to be resorted to in order to cure our patient. I am inclined to think, that the first decimal trituration in five-grain doses will, in many cases, be all that is revuired. I noticed in a journal, that Dr. Dudgeon, of England, had cured a case of diabetes with the first dilution. The dose of the drug has to be settled yet. The fluid extract of the dark was made here, and in every case it was used in, it was found worthless. I hope that as soon as the drug can be had in abundance, some of our chemists will give us its alkaloids. I predict that the alkaloid will greatly resemble caffeine.

STIGMATA MAIDIS, OR CORN SILK, IN THE TREATMENT OF VESICAL CATARRH—WITH NOTES ON TWO CASES.—BY GEORGE ST. GEORGE, M. K. Q. C. P. I., &c.*—The tassel-like tufts or stigmata or green pistils of the Indian corn (zea mays) or corn silk has been introduced into medicine during the last few years as a demulcent and diuretic in catarrhal inflammation of the bladder and kidneys; but as it has not come much into use in this country, the notes of the following two cases of vesical inflammation treated with this drug may prove interesting. Its properties were made more widely known by PROFESSOR CASTAN, of Montpellier, in 1880. Different results have been obtained by different observers, the fluid extract of the drug appearing to vary in strength according to the nature of the soil, the climate, the time and mode of picking, and the manner of drying the stigmata. I have, however, found the liquid extract of PARKE, DAVIS & CO., of Detroit, Mich., U. S. A., prepared by them by maceration and hydraulic pressure, as most constant and certain in its effects and action. In Mexico it has long been used in nephritic colic and vesical catarrh. DR. WHITLA, of Belfast, dismisses it in his valuable work on therapeutics with the following very brief notice: "Stigmata maidis (stigmata of maize, corn-silk). The stigmata of zea mays—has been recently much vaunted in America as possessing specific or alterative action upon the bladder and genito-urinary tract. It appears to be active only when prepared fresh, and good results have followed its use in cystitis. It is a diuretic of the mildest and least irritating kind. In the nocturnal incontinence of urine it has been tried with benefit." MARTINDALE, in the Extra Pharmacopœia, does not even notice it.

Physiological action.—According to DR. LANDRIEUX, under the action of this drug diuresis is rapidly produced. (This I found slightly in my first case, and greatly in my second.) The pulse becomes regular; the arterial tension increases, and that of the veins diminishes. The drug is readily tolerated by the system, and in chronic cases its administration may be continued for a mouth or six weeks without the slightest inconvenience. No disturbing effect on the nervous system or digestive organs is experienced.

Therapeutic action.—Its chief value seems to be demulcent and diuretic in catarrhal affections of the kidneys and bladder, although anodyne properties have been claimed for it by M. QUERIEL, who observed that the pain was greatly relieved in nephritic colic (as shown in my second case) after the use of the remedy. PROFESSOR CASTAN has used the infusion with success in many cases of gravel, and has found much relief in nephritic colic. He also considers it to act as a local anodyne. DR. L. W. HANSON found in a case of chronic inflammation of the bladder, accompanied with hæmorrhoidal troubles, that a wineglassful of a decoction of the fresh stigmata every three hours cured the disease in ten days, and that after nearly four months there was no return of the disease. DR. DUFAU states that in traumatic and gonorrhœal cystitis the drug acts markedly as a diuretic, but causes an increase of pain, and should not be employed in such cases. The best results obtained by him were in cases of uric or phosphatic gravel and chronic cystitis (whether simple or consecutive to gravel) and in mucous or muco-purulent catarrh. In such cases the vesical pains, dysuria, excretion of gravel, and ammoniacal odor disappeared

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under the use of the remedy. Cases are reported by DR. SASSOON, in L'Union Médicale, in which the urine exhibited a strong ammoniacal odor, with heavy morbid deposits, which were speedily relieved by the administration of corn silk. The stigmata maidis has also been employed with good results in cases of heart disease, albuminuria, and other affections requiring diuretics. In one case mentioned by M. CONSTANTINE PAUL, the quantity of urine excreted after the administration of three teaspoonfuls of the syrup, rose from 500 to 1000 grammes. In another case, mentioned by DR. LANDRIEUX, that of a woman aged sixty-eight, suffering from heart disease, who had considerable œdema of the lower extremities, enormous ascites, pulmonary and renal congestion, the quantity of urine excreted was increased by the use of this remedy from 200 to 800 grammes in the course of twenty-four hours, and the œdema and ascites shortly disappeared.

Dose and preparations.—An infusion is made with eight grains to a pint of boiling water, and a wineglassful taken every two or three hours. A syrup seems to be in France, however, the favorite mode of administration. A kilogramme of syrup is made of such a strength that it contains 25 per cent. of the extract, of which the best samples of stigmata yield an average of 27½ per cent. The dose of the syrup is two to four drachms, equivalent to one or two grains of the extract. I, for my part, however, prefer the fluid extract of PARKE, DAVIS & CO., of Detroit, U. S. A., made of the strength of the fluid extract of the United States Pharmacopœia—one gramme to the cubic centimetre; the dose of which is one drachm every six hours.

CASE 1.—ROBERT B——, of Aghalee, Co. Antrim, aged eighteeen, a farmer's son, was first seen by me in consultation with his medical attendant, DR. BROWNBRIGG, of Moria, on December 9th, 1885. He had been under DR. BROWNBRIGG'S care for about two months previously. The history of his case was as follows: About three months before, he had been to the market town of Lurgan, a distance of about seven miles from his home, for the purpose of bringing a load of coke from the gasworks. On his way to town he had connection with a prostitute. He drove home on the top of the load of warm coke, but was wet to the skin, as there was very heavy rain. About three or four days afterwards he began to have pain in passing urine, and had to do so frequently. There was no discharge from the urethra at any time, nor was the meatus swollen or inflamed. He made up his mind that he had contracted gonorrhœa, and, after "quacking" himself for some time without benefit, he placed himself under the care of DR. BROWNRIGG, who also diagnosed the disease as gonorrhœa, and treated him at first with copaiba and spirit of nitrous ether, and finally with tincture of hyoscyamus, a solution of potash, and an infusion of buchu. His urine now became bloody, and he complained of intense headache. I was called in by BROWNRIGG in consultation, as he was not improving, and found him in bed, to which he said he had been confined for three weeks. His appearance was very pale, and his form wasted. The urine, which he said had taken three or four attempts to pass, did not measure the same number of ounces, was acid, and had a thick tenacious mucus streaked with blood at the bottom of the vessel. He complained of great pain over the region of the bladder, and also darting along the penis; a frequent desire to pass urine, which act was painful and the quantity scanty. His bowels were constipated, and gave great pain on defacation. There was great tenderness on pressure over the bladder, and also on examining per rectum. The pulse was small and quick; tongue furred; appetite bad. As both he and his medical attendant wished him to be treated in hospital, I admitted him to the County Antrim Infirmary, on Dec. 11th, 1884, when I found the urine acid; sp. gr. 1025; blood and mucus present, the latter in large quantity. I ordered a large linseed poultice to be applied over the bladder every four hours, six drachms of castor oil to be taken at once, and the following mixture three times a day: liq. potassæ and tincture of hyoscyamus, of each twenty minims, in an ounce of infusion of bearberry leaves; a morphia suppository to be introduced at bedtime. He then had a saline aperient administered every third day. On December 27th he complained of a pain over his right lumbar region, which was, however, relieved by a sinapism and warm poultices. On Dec. 27th the blood had ceased to appear, and the urine was slightly less acid, but the other symptoms were not diminished. I therefore omitted the mixture and suppository, and having obtained a small quantity of the fluid extract of stigmata maidis, I ordered him one drachm every four hours. On Jan. 9th, 1885, my supply ran out, and, through the difficulty of obtaining a fresh supply, I had (though the pain was greatly abated) to revert to the former mixture. On Jan. 14th I ordered two dry cups to be applied to the loins, and repeated the mixture of corn silk, having obtained a fresh supply, which I continued until his discharge. The pain over the bladder ceased, or rather became less; therefore, on Jan. 22d I omitted the poultice. From that date I also washed out his bladder with a weak solution of carbolic acid in tepid water. He was discharged on Feb. 22d, free from pain, and without any blood or pus in his urine, and only a trace of mucus. He continued under treatment until the middle of April, when, having regained flesh and having no trouble with his bladder, he ceased attending at the infirmary.

CASE 2 (sent to me by DR. MUSSEN, of Glenavy).—HENRY Z——, aged sixteen. The history of his case is as follows: He got wet in pursuit of his employment, and was attacked about two weeks before his admission to the Antrim Infirmary with shivering and a severe pain in his left lumbar region, extending downwards along the course of the left ureter to the bladder. He was admitted on Feb. 10th, 1885, when he complained of violent pain in his left side, extending down to the groin. His urine was acid, sp. gr. 1010, pus and mucus present; pulse quick. I ordered a large linseed poultice to be applied to the loins every four hours. I ordered him also to drink freely of kali water, and to have one drachm of fluid extract of corn silk every six hours, and ten grains each of Dover's powder and powdered nitrate of potash, at bedtime every night. On February 16th, the pain not being much relieved, I ordered a turpentine stupe over the painful part, and repeated the same on the 23d. On March 4th I increased the frequency of the dose of corn silk

to every four hours. On March 12th he was so much better that I omitted the poultice, Dover's powder, and kali water, and gave him cream-of-tartar water for common drink. He improved steadily, and was discharged on March 28th, 1885, with only a trace of mucus and no pus in his urine. DR. MUSSEN tells me that on resuming work he was threatened with a return of the pain, but on being treated with corn silk extract as before, he recovered most satisfactorily.—*Lancet*, Oct. 31, 1885.

THE OCEAN AS A HEALTH-RESTORER.—A member of the profession, writing in the current number of Chamber's Journal, discusses the advantages of long sea-voyages in the cure or alleviation of disease. As the subject is one of much interest, and the writer speaks from considerable personal experience, we will summarize his conclusions for the benefit of our readers. He recommends the Australian voyage on the grounds of "its length and variety, the average warmth, and calm weather which prevails, and the ample provision made for the traveler's comfort on the best ships." A sailing vessel is preferable to a steamer on a variety of grounds. "The invalid does not desire to make 'the quickest run on record;' he has come to sea in order to enjoy, as long as possible, sea-air, sea-life, and sea-leisure. The longer the voyage, provided it fall short of producing intolerable *ennui*, the greater the gain to health. Again, in the comparatively slow moving sailing-ship, the changes of temperature are gradual, while the fast steamship, going at a uniform rate of fourteen or fifteen knots per hour, flies through degrees of latitude like a steeplechaser over his fences, and the invalid is hurried too quickly from the fogs and cold of Britain to the heat of the tropics; and again with equally undue rapidity from the burning equator to the icebergs of the southern ocean." The first advantage of life at sea is the perfect rest and quiet which can be enjoyed. "There is no morning newspaper, no postman's knock, no telegrams, no daily confinement in close offices, courts, or consulting-rooms, no daily duties calling for energy which is so often lacking. The passenger has only to eat, sleep, and live. The strain of life is withdrawn. The wheels of existence move easily, and with lessened friction. The incessant emulation, the keen anxieties, the worrying cares which beset modern commercial and professional life, are as things that never have been. The next important point is the pure atmosphere and the long hours of uninterrupted enjoyment of sunshine and fresh air. In the warm latitudes, the passengers live on deck, going below only to eat and sleep, and frequently spend fifteen hours daily in the open air. This is an advantage of the first magnitude. Half the diseases of modern life, and more than half the minor ailments which embitter existence, are due to contamination of the air we breathe. Not the least terrible discovery of modern science is the revelation that this liquid ether, apparently so pure and spotless, which surrounds us on every side, is, in reality, swarming with invisible forms of life, capable of becoming the ministers of disease and the harbingers of death. But "the air that sweeps the surface of the oceans bears no trace of contamination or impurity. Hence, in a large measure, is explained the immense advantage of the long sea-voyage to the consumptive, to whom pure air is, in the most literal sense, the very breath of life." The equability of the ocean climate is another important point. "The variations of temperature at sea, from day to day, are trifling, and steadily progressive with the latitude, sudden changes being almost unknown. The winds are all sea-breezes, all laden with moisture, and usually blow from the same point of the compass for many days together. Chill—that word of fearful import on land—has no existence at sea. Sailors rarely suffer from ordinary catarrhs or cold, and even sleep with impunity upon the bare deck. The changes of temperature at sea are gradual, and can be reckoned on, and proper preparation made." The saline particles in sea-air, and the abundance of ozone, are also alluded to as favorably influencing the course of disease. The high average range of the barometer at sea is mentioned as a fact worth weighing. If we had the materials, it would be very interesting to compare the effect upon respiratory disease of a barometer averaging over 30 inches as at sea, and one standing at 24 inches or 25 inches, as at Davos.

The disadvantages of sea-voyages are discussed. These are mainly the monotony of life, the paucity of amusement and distraction, and the occasional discomforts of severe weather; the last, however, being comparatively rare in the Australian voyage. No allusion is made to any difficulties as regards variety of food; hence we presume the dietary supplied by the good ships is liberal in quantity, and sufficiently varied to suit the tastes and idiosyncracies of invalids. The writer recommends sea-voyages mainly to two classes, namely, sufferers from affections of the respiratory organs, and those who are simply over-worked and in need of rest and change. He concludes his article by pointing out that there are some who should not tempt the sea. "Those far advanced in disease, from whatever cause, those threatened with melancholia or other form of insanity, should avoid a long sea-journey."

The views expressed and well stated in the article to which we refer, coincide, in the main, with those which underlie the practice and the philosophy of the Holidays at Sea, of which MR. ERNEST HART has, from year to year, furnished reports to our columns. In addition to the Australian *route*, he adds his tribute to the ease, happiness, and health derivable from journeys, in the winter and early spring, to Port Said in Egypt, to Malta and Gibraltar, and to the Mediterranean parts of Italy; and to that delightful short sea-journey of a few days to the Island of Madeira, with which may be combined the romantic tour of that most lovely of islands in a perfect climate, and the return to England within three weeks, or, of course, a longer sojourn if desired. The ocean is unequalled as a health-resort to all but those who are martyrs to sea-sickness.—*London Medical Journal.*

HOW TO TREAT HÆMORRHOIDS BY INJECTIONS OF CARBOLIC ACID.—DR. CHAS. B. KELSEY, in The N. Y. Medical Journal, November 14, 1885, formulates the following rules for carrying out this method of treatment, viz:

1. Use only the purest crystallized carbolic

acid, the purest glycerin, and distilled water in the preparation of the solutions. Each, when prepared, should be perfectly colorless and clear, the acid being in perfect solution. The glycerin is added to the solution of carbolic acid in water in just sufficient quantity to make a clear fluid, and the amount is not important. As soon as a solution begins to assume a yellowish tint it should be replaced by a fresh one.

2. Use only the finest and most perfect hypodermic needles and a perfectly working, clean syringe with side handles. After each injection when the syringe is put away, clean it thoroughly, to be ready for the next time.

3. The treatment may be applied to every variety of internal hæmorrhoids, no matter what their size. It is not applicable to external hæmorrhoids, either of the cutaneous or the vascular variety, both of which may be treated by better means.

4. Before making an application give an enema of hot water, and let the patient strain the tumors as much into view as possible. Then select the largest and deposit five drops of the solution as near the center of the tumor as possible, taking care not to go too deep so as to perforate the wall of the rectum and inject the surrounding cellular tissue. The needle should be entered at the most prominent point of the tumor. If the hæmorrhoid does not protrude from the anus, a tenaculum may be used to draw it into view. After the injection has been made the parts should be replaced, and the patient kept under observation for a few minutes to see that there is no unusual pain. The injection will cause some immediate smarting if it is made near the verge of the anus; if made above the external sphincter, the patient may not feel the puncture or the injection for several minutes, when a sense of pressure and smarting will be appreciated. In some cases no pain will be felt for half an hour. If it increases, instead of disappearing, and on the following day there is considerable suffering, which may not perhaps be sufficient to keep the patient on his back, but still enough to make him decidedly uncomfortable, it is a pretty good indication that a slough is about to form. For the reason that it is impossible to tell absolutely what the effect of an injection is to be until at least 24 hours have passed, it is better to make but one at a visit and wait till the full effect of each one is seen before making another. If on the second day there is no pain or soreness, another tumor may be attacked, and this will often be the case.

5. The strength of the solution must be regulated by the nature of the case, and in my own practice varies from five per cent. to pure crystallized acid. In a large, vascular, prolapsing tumor, which is well defined and somewhat pedunculated, five drops of pure acid may be used with the expectation of producing a circumscribed slough which will result in a radical cure. A thirty-three-per-cent. solution under the same condition will probably produce consolidation and shrinkage without a slough, but the injections will have to be repeated several times. A small tumor which protrudes but slightly, is not pedunculated, and can be seen and felt as a mere prominence on the mucous membrane, may be cured by a single injection of a five-per-cent. solution, which will cause it to become hard and decidedly reduce its size, while an injection of a fifty-per-cent. solution might make considerable trouble, the remedy being too powerful for the disease. Guided by this principle, some experience will soon determine the choice of the solution. There is no arbitrary rule which can be applied to every case. As in any other surgical operation, some cases will be more satisfactory than others, and an occasional accident must be expected; but, on the whole, it seems to be the best method of treatment yet devised.

TREATMENT OF DIABETES MELLITUS WITH CLEMENT'S SOLUTION OF ARSENITE OF BROMINE.—JOHN S., aged 32 years, was admitted to the Germantown Hospital October 29, 1884, a pronounced case of diabetes mellitus; was sick six weeks previous to being admitted, at which time his domestic relations were such as to produce profound mental anxiety, which caused him to be delusive for several weeks, and when he applied for admission his spirits still remained much depressed, but he was rational and conversed intelligently; it should also be stated that there was possibly a hereditary predisposition to this disease, as the patient claimed his father suffered from a similar affection.

The patient's urine was examined and found to have a sp. gr. of 1.050, the amount voided in twenty-four hours being one hundred and three ounces, which readily responded to the several tests for sugar; the amount of sugar was not ascertained, but, as the urine contained very little urea, the high sp. gr. indicates a rather large percentage of sugar.

The patient was restricted to a nitrogenous diet, and placed on the several modes of treatment familiar to the profession, but without much, if any, improvement; his urine was frequently examined between October and the following April, and showed the sp. gr. to range from 1.04 to 1.050, the amount voided from eighty-five to one hundred ounces; he also became very much emaciated.

Some time in April we noticed, recommended by DR. AUSTIN FLINT, JR., the arsenite of bromine, "Clement's solution," for treatment of diabetes mellitus, and as all other agents had proven of no avail, we concluded to give this solution a trial, and report the following results: The drug was first administered in doses of three drops each ter in diem, increasing to five drops. After giving this solution for four days the urine was examined and found to have a sp. gr. of 1.018; amount voided in twenty-four hours, forty-two ounces; three days later the urine was again examined, sp. gr. 1.016, amount voided twenty-three ounces, in which condition it remained until the patient's death, of which a post-mortem showed the immediate cause to be phthisis pulmonalis.

Being encouraged by the above results, and rather predicting that something might be done for such unfortunate cases, we concluded to investigate still further the efficiency of this preparation, and therefore have, up to the present writing, seen nine cases treated in the manner above related with most happy results. Two of these cases were, as the one cited, quite chronic and subsequently died of phthisis pulmonalis, but the remaining seven of more recent development have increased in weight and as-

sumed the responsibilities of life as in former years, and their urine is frequently examined with negative results; perhaps it would be presuming somewhat if we were to speak of these cases as being cured, for they may not have been under our notice long enough, but we can certainly join with DR. FLINT in recommending this preparation for trial at least, and possibly predict for it as being the future treatment of diabetes mellitus.—DR. S. MACSMITH in *Med. News.*

PASTEUR ON HYDROPHOBIA.—Since the Copenhagen Congress, we have not heard any confirmatory evidence for the statements made by PASTEUR that he had discovered a cure for hydrophobia, but at a recent meeting of the Paris Academy of Medicine a further, and most important communication was made by him, which, if substantiated, will prove one of the most valuable discoveries of the century. On this occasion he announced that he had, by a series of successful inoculations, cured a case of human rabies.

Briefly stated, the facts are these: He had previously, by vaccinations, rendered dogs insusceptible to the poison, and obtained the modified virus in the following way: A rabbit was inoculated with a portion of the tissue of the spinal cord of a rabid dog, and became affected in about 15 days. When it was dead, a second rabbit was inoculated with a bit of its cord, and the procedure was followed through a series of 60 animals. With successive cultivations in the rabbits, the virus gets more and more intense, and finally the period of incubation in an animal inoculated is not more than seven days. By keeping portions of the spinal cords in perfectly dry tubes, the virus gradually diminishes in intensity; and the longer it is kept, the more attenuated does it become.

Having thus obtained a proper supply, a suitable subject was forthcoming in an Alsatian lad who, in the beginning of July, was severely bitten in many places by a dog which was undoubtedly rabid. Sixty hours after the bites the first vaccinations were made with very attenuated virus, and were repeated twice a day for a fortnight with virus of successively increasing strength, the last injection being from a rabbit which had died the day before, and in which the poison was intensely virulent. The previous inoculations with weakened virus had rendered him insusceptible to the strongest poison which would render rabid in a short time an unprotected dog or rabbit. One hundred days had elapsed since the last vaccination, and the young man had remained well. A second case is undergoing similar treatment.

The strong point in this remarkable record is the fact that dogs subjected to similar inoculations are insusceptible, and do not take the disease even when injected with the strongest virus. The weak point is the short space of time which has intervened since the bites and since the last vaccination with strong virus. It is well known that the period of inoculation of rabies may be many months, or even three or four years, though the average period is within 100 days. Time alone will tell whether the two patients are actually protected. They have been doubly exposed to infection through the original bite and by the intense virus of the final vaccination; but we may reasonably hope that in them, as in the dogs, an immunity has been secured.

The nature of the virus has not yet been determined, but PASTEUR supposes it to be microbe, and the nervous system appears to be the chief seat of its development.—*Med. News*, Nov. 14, 1885.

SCALDED OATMEAL IN THE AFTER-TREATMENT OF SCARLET FEVER.—DR. GEORGE SMITH, in the Bristol Medico-Chirurgical Journal, treats of the subject of the desquamation which follows every case of scarlet fever, however slight, both in regard to its bearings on the patient himself, and also those with whom many cast-off particles may come into contact. The process of desquamation varies very much in different individuals, and sometimes it is done by particles so fine as to be hardly perceptible. And these are, he thinks, a very frequent and most certain source of contagion, by means of clothes and otherwise; much more so, indeed, than the scales as ordinarily thrown off. It is within his own knowledge that the contagion has been thus carried from one house to another, more than a hundred miles apart, at the end of at least a year from the attack. Now, to obviate this danger, he has for several years been in the habit of having his patients sponged over the whole surface of their bodies twice a day—commencing, as a rule, about a week from the appearance of the eruption, and continuing the process until the desquamation is complete—with a mixture of one ounce of oatmeal to one pint of boiling water; the solution is to be made fresh every day, and used tepid, or at such a temperature as may be comfortably borne by the back of a finger. His reason for using this particular combination is, that the gluten in it sticks the scales to each other and to the surface of the body, thus allowing of there being removed from one sponging to another, without the ordinary risk of infecting either atmosphere or clothes, and greatly lessening the risk of spreading the disease. Secondly, this same gluten fills up the cracks of the new skin and protects it from cold, as, patch after patch, it becomes bare, and thus, to say the least, greatly lessens the risk of the dropsy which so often follows upon this disease.—*N. Y. Med. Record.*

HAMAMELIS VIRGINICA IN THE TREATMENT OF PROSTATIC DISEASE, AND OF BUCCAL CANCER.—Two cases that have recently come under my care seem to me interesting in connection with the use of hamamelis Virginica.

One is a case of enlarged prostate requiring the use of the catheter, in which periodical hæmorrhages have occurred simultaneously from the urinary passages and the rectum, no doubt from a congested condition of the veins of both parts. In this case, washing out the bladder with a solution containing one drachm of tincture of hamamelis, and one-half drachm of carbolic acid, in about twenty-five ounces of warm water, has had an excellent effect in arresting the bleeding, and also in allaying the irritability of the parts. Since the use of the injection, the urine has been passed without

the catheter; but that is probably due to relief of congestion by the bleeding. The other means found most useful have been leeches to the perinæum, and saline purgatives.

The other case is one of cancer beginning in a rare seat—the right tonsil, and subsequently involving the tongue. In the diagnosis of this case, I had the assistance of DR. HODGKINSON, of Manchester. A short time ago, a smart hæmorrhage occurred, and tincture of hamamelis, in ordinary medicinal doses, was prescribed. The bleeding was arrested; but the medicine was found to have such an excellent effect in preventing the formation of sticky secretion on the ulcerated surface, and in adding to the comfort of the patient, that it was adopted as a permanent mode of treatment.

The above are comparatively simple cases, and the effects of treatment can only be palliative; but it seems to me that an account of them, as a contribution to the knowledge of the therapeutics of a new drug, may be of some use.—DUNCAN J. MACKENZIE, M.D., in *London Lancet.*

ELECTRICITY AS A THERAPEUTIC AGENT IN GYNECOLOGY.—In a paper by DR. PAUL F. MUNDE on the above subject, read before the New York Academy of Medicine, Nov. 5, 1885, the following conclusions are arrived at as the result of the author's investigations, viz:

1. Electricity is a valuable agent in gynecology, and one which deserves to be much more frequently resorted to than is now the case.
2. Its application in gynecological practice does not require a special knowledge of the use of electricity.
3. The remedy, if properly used, cannot do harm.
4. It is of especial service in chronic conditions, and no pain is experienced if the galvanic current is employed.
5. The faradic current is indicated in deficient development and want of tone in the pelvic organs.
6. The galvanic current is to be used to promote absorption of adventitious products and to allay pain.
7. This method of treatment requires much perseverance.
8. It is contraindicated in acute inflammatory conditions.
9. The pathological conditions in which electricity proves useful are those in which other treatment fails, or cannot be borne by the patient.
10. In organic diseases a permanent cure or a restoration of the diseased organs to perfect health cannot be expected; but very marked relief, and that without danger, may often be afforded by means of electricity.

THE USE OF IODOL IN SURGICAL OPERATIONS.—DR. GÆTANO MAZZONI calls attention to a new chemical preparation, called iodol. The substance is a powder of a yellow or grayish-brown color, nearly odorless and perfectly tasteless, and has an action very similar to that of iodoform.

The observations made upon its effects already exceed 200, and the results have been extremely favorable.

The remedy may be used in powder, suspended in glycerin as an ointment, or in dilute solution of alcohol and glycerin, the substance being entirely insoluble in water.

In venereal diseases its effects have been excellent, as also in periadenitis.

In abscesses, in which necrobiosis is extensive, the beneficial effect of iodol is manifested in the disappearance of all odor and the rapid disappearance of swelling and accompanying healthy granulations.

In indolent ulcers a similar beneficial influence was noted.

On the other hand, the remedy is found useless and indeed harmful in gangrene.

Further, it is found to possess the power in a high degree of promoting healthy granulations, as is shown by its use in various forms of lupus and in chronic fungoid inflammation of the joints. The chemical formula of the preparation is not announced in the article calling attention to its merits.—*Berliner klin. Wochenschrift*, October 26, 1884.

RESORCIN IN THE TREATMENT OF DIARRHŒA.—In septic diarrhœa, either acute or chronic, characterized by dejections of a fetid odor, and by the presence in the fecal matters of a large number of micro-organisms, M. BOGOUCHE has obtained excellent results with resorcin dissolved in castor-oil (Journal de Médecine de Bruxelles, Sept., 1885). When thus prepared, the resorcin never causes ringing in the ears, profuse sweats, or other unpleasant symptoms sometimes noted when the drug is given alone, a difference in action which the author explains by the more gradual absorption of the oily solution. For an adult the author gives 15 grains of resorcin dissolved in about five ounces of warmed castor oil. To children of about four years of age he gives from three-fourths to one grain in a corresponding quantity of oil. M. BOGOUCHE has met with so great a measure of success in the treatment of fetid diarrhœa by this method, that he is encouraged to hope much from it in cholera. In this disease he recommends the mixture of salicylic acid and resorcin dissolved in castor oil. The dose given by the author, one gramme of resorcin to 150 grammes of castor-oil, seems rather excessive, and is probably intended, though it is not so stated, to be given in divided doses during the day.

THE TREATMENT OF CONTRACTION OF THE PALMAR FASCIA WITHOUT OPERATION.—M. COSTILHES (Jour. de méd. et de chir. prat.; Lyon méd.) has collected many instances of the success of VULPIAN'S treatment, which consists in the prolonged use of this ointment:

℞ Lard or vaseline, 20 parts.
Iodide of potassium, 10 parts.
Tincture of iodine, 2 parts.

The ointment should be applied abundantly to the whole surface of the palm, and the hand should be covered with a thick layer of cotton,

over which several turns of a bandage are applied The dressing should be renewed every day until complete desquamation of the palm is produced. Sometimes the results are very rapid, great improvement being manifested at the end of a fortnight. Iodide of potassium may be given internally at the same time, and massage employed.—*N. Y. Med. Jour.*

HYDRASTIS IN UTERINE DISEASES.—DR. SHIVESTIRTZEYEFF writes to the Moscow Medical Review of the satisfactory results he has obtained by the use of hydrastis canadensis in uterine hæmorrhages of various kinds due to hyperæmic conditions of the organ. He gives 20 drops of the fluid extract. The same remedy is, he says, useful in cases where the uterus is enlarged with ulcerated mucous membrane, giving off a copious exudation. Also in cases of dyspepsia due to disorder of the female sexual organs. The drug acts, according to SCHATZ and MENDES DE LEON, on the vessels of the uterus, not, like secale cornutum, on the muscular structures: but it is at present doubtful to which of the three alkaloids—hydrastin, berberin, and another which is not yet known—the hæmostatic action is due.—*London Lancet.*

BEEF POWDER IN THE TREATMENT OF SIMPLE ULCER OF THE STOMACH.—Under the inspiration of M. DEBOVE, M. A. L. PRADET has written a work on the treatment of simple ulcer of the stomach, in which, as we learn from a review in the "Union Médicale," he recommends the use of a mixture of beef powder and bicarbonate of sodium. Small doses, he says, should be used for the first two days, but afterwards 1,500 grains of beef powder (*poudre de viande*) and 450 grains of bicarbonate of sodium may be gived daily to a man, and 1,125 grains of beef powder and 360 grains of the sodium salt to a woman. The treatment should be pursued until complete recovery has taken place, and it is only with extreme carefulness that the patient should be allowed to resume the use of ordinary food.—*N. Y. Med. Journal*, Oct. 12, 1885.

A NEW HÆMOSTATIC.—On observing accidently the apparent hæmostatic action of an infusion of nettle (*Urtica dioica*), DR. C. G. ROTHE, of Altenburg, prepared a tincture of the plant. The young plants were collected in the spring with their stalks, leaves, and flowers, and digested for a week in alcohol 60°. Applied to wounds on pledgets of lint, etc., it quickly arrested bleeding, particularly that from the parenchyma and the smaller vessels. On contact the blood becomes changed into a soft, but tenacious, not crumbly clot. He considers it far superior to the liq. ferr. perchl. which he had always employed before. A reliable hæmostatic *minus* the corrosive properties of ferri. perchl. would be very welcome.—*Med. Press and Circular*, Sept. 30, 1885.

NITRO-GLYCERIN FOR NEPHRITIS.—BOURGINSKI asserts that nitro-glycerin in small doses diminishes the quantity of albumen in the urine eliminated in 24 hours. The quantity of urine in 24 hours is also augmented, and the increase is maintained for some time after the discontinuance of the drug. Progressively increasing doses have a still greater influence in diminishing the albumen. He did not observe any appreciable alteration of the specific gravity of the urine or in the weight of the patient. The drug has no deleterious effect on the general condition of the patient, if we except a slight transient headache which supervenes during the first days of employment of the medicine.—*London Lancet.*

THE TREATMENT OF RHEUMATIC PURULENT CONJUNCTIVITIS.—In cases which show the clinical features and the gravity of gonorrhœal conjunctivitis, but in which the articular manifestations, the history, hereditary influence, and the absence of any urethral discharge have established the diagnosis, M. PERRIN advises, in addition to cauterizations with a fifty-per-cent. solution of nitrate of silver, the frequent use of a mixture of one part of alcohol to three parts of water, either as a lotion or in the form of spray. At the same time, antirheumatic medicines should be given internally, especially salicylate of sodium.—*N. Y. Medical Journal.*

JEQUIRITY IN GRANULAR LIDS.—DR. PEOUNOFF having used jequirity in 20 cases of granular lids, varying among one another in character, has come to the conclusion that it is especially useful in cicatricial condition of the granulations when this is complicated with corneal disease. In these cases, he says, jequirity cures much better and more rapidly than the usual remedies, nitrate of silver, sulphate of copper, etc. It is also valuable in mild cases of follicular trachoma with ingrowing eyelashes. The best method in all cases is to use a one- or two-per-cent. solution of the powdered seeds of jequirity daily.—*London Lancet.*

THE TREATMENT OF CHRONIC BLEPHARITIS.—PANAS recommends the following preparation in the treatment of chronic blepharitis:

℞ Hydrargyri binoxidi, gr. ½.
Vaseline, ʒ ijss.
Liquor plumbi subacetatis, gtt. v.
Ft. unguent.

S. Apply to the eyelids morning and evening, and during the day bathe the parts frequently with an aromatic astringent.—*L'Union Médicale*, Oct. 17, 1885.

HÆMOSTATIC PILLS.—HUCHARD recommends the following:

℞ Ergotin.
Quiniæ sulph., ää gr. xxx.
Digitalis pulv.
Ext. hyoscyam, ää gr. iij.
M. Ft. pil. No. xx.

S. Five to eight pills daily in the various forms of hemorrhage.—*L'Union Médicale*, Oct. 14, 1885.

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Original Articles.

DIAGNOSIS AND TREATMENT OF SYPHILIS.*

BY J. A. WESSINGER, M. D., HOWELL, MICH.

Gentlemen:—I desire to present, on this occasion, for your consideration, the subject of diagnosis and treatment of syphilis, which, I am inclined to think, does not receive the attention from the general profession that it deserves.

What I may say upon the subject in hand, before this association this evening, is drawn from observations made upon six cases of the disease in question, which were treated during the eight months just passed. My design is to give you a brief history of each case as it presented itself to me, and then follow with remarks in which I shall confine myself to the subject of diagnosis and treatment of the disease in question.

Case 1.—MR. H., æt. 28, single, family history good, is well nourished, and well developed. Has never been ill, with the exception of having had gonorrhœa several times, until about a year ago, since when he contracted syphilis. About twenty days after intercourse patient first noticed a small indurated pimple upon the frænum of the penis. Being somewhat suspicious of its character, he consulted a physician, who, however, regarded the matter as very trivial, and everything went well, with the exception of enlargement of some of the lymphatic glands, until about three months after date of the impure intercourse, when patient began to notice soreness of the mouth, and a general erythematous eruption of the skin. He was then treated about two or three months, but with very little success. At this time, or about seven months ago, patient came into my hands for treatment, when I obtained the history as above recorded, together with the following objective symptoms: Well-defined mucous patches on the inner surface of the cheek, on the dorsum of the tongue, and also on the lips, and one under the tongue. Irregular macular discoloration of the skin on the arms, chest, and back. An indurated condition of the lymphatic glands of the neck, together with almost complete alopecia. Ordered all stimulants and the use of tobacco discontinued. Put the patient on a plain, nutritious diet. Local applications of silver nitrate in stick to the mucous patches once every alternate day, with a solution of potass. chlorate as a wash for the mouth. Internally,

> Merc. bichloride, $\frac{1}{20}$ gr., combined with
> Potass. iodide, xxv grs.,

before each meal and at bedtime.

Upon this line of treatment, with the exception of the substitution of acid nitrate mercury for the silver nitrate in the treatment of the mucous patches, at the end of five months the patient had made a complete recovery.

Case 2.—Male, æt. 22. Single. Father of this patient died from some specific disease at Harper Hospital, this city, about eight or nine years ago. Patient has been addicted to the alcoholic drink. Contracted syphilis about nine months ago. Came under my observation about five months ago. Patient presented all the well-marked symptoms of constitutional syphilis, such as mucous patches of the mouth and tongue, together with profuse syphilitic vegetation of the penis, and well-defined, irregular, indurated patches of a reddish coloration upon the palmar surface of the hands, with, also, quite well-marked alopecia. About the same line of treatment was pursued in this case as in case No. 1. However, in the treatment of the vegetations upon the penis, I met with a condition which I have not seen before nor since in these cases. This was an intense œdema of the penis immediately following the local application of acid nitrate of mercury. After a short duration of this œdematous condition, it subsided almost as rapidly as it appeared. This œdema was in all probability caused by the action of the caustic, and I desire to say that in the application of this preparation of mercury, a little moderation will add much to the comfort of your patient. However, suffice it to say that in my case the syphilitic growths had entirely disappeared on a second inspection of the parts. This patient made a good recovery at the end of four months from the time I began treatment.

Case 3.—This patient came under observation about four months ago. The condition as presented at this time was that of constitutional syphilis, the patient having the characteristic mucous patches of the mouth and tongue, together with quite well-marked syphilitic erythema of the skin. Had never had any sores

* A paper read before the Detroit Medical and Library Association.

on the penis. The treatment in this case was limited to potassium iodide, gr. xxx.; and hydrargyrum biniodide, gr. $\frac{1}{16}$; combined with potassium bromide, gr. v.; every four hours. The bromide in this case successfully prevented any tendency to iodism, which is often a source of trouble in those cases where large doses of iodine are required to be administered. Bromide of potassium also acts as a solvent of biniodide of mercury, which agent is otherwise almost insoluble in water. A watery solution of potassium iodide has the same property. The mucous patches in this case were successfully treated with silver nitrate in stick. The patient made a good recovery at the end of about three months' treatment.

Case 4.—Mr. E., married, æt. 30. Father of one child. Has always led a more or less dissipated life. Contracted syphilis about eight months ago. About thirty days after intercourse patient noticed what in all probability was a chancre of the penis. This subsided with very little trouble, but about two months from this date patient began to notice a soreness of the mouth, for which he consulted a physician, who pronounced it "cankered sore mouth," and treated him about two months for the same. At the end of this time the patient came under my observation, presenting all the well-marked symptoms of syphilis, such as mucous patches of the mouth and lips, and also of the rectum; together with partial alopecia. Gave patient xv-grain doses potassium iodide four times a day, and applied silver nitrate in stick to the mucous patches every alternate day. I afterwards increased the potassium iodide to xx-grain doses four times a day, and combined it with mercury bichloride in $\frac{1}{20}$-grain doses. With this treatment patient made a good recovery in four months.

Case 5.—This patient first consulted me about two months ago. At this time I obtained the following history: Has been married about five years. Contracted syphilis about four years ago. About three years ago his wife gave birth to a still-born child. First consulted a physician about three years ago. Has since been treated by different physicians, with more or less success, but never to recovery. When patient first came under observation, he presented the symptoms about as one would find them in a case of syphilis of five or six months' standing. Well-marked mucous patches of the mouth and tongue, with partial alopecia, and a papular eruption of the skin; and also syphilitic retinitis, which latter condition has been present about one year. Put the patient upon

Potass. iodide, gr. xxx.
Merc. biniodide, gr. $\frac{1}{16}$, combined with
Potass. bromide, gr. x,

four times a day, the bromide being administered to relieve the iodism which might occur, and also the instillation of atropine sulphate in the treatment of the ocular disturbance, and the patient ordered to wear dark glasses. This patient has made some improvement during the two months' treatment, and the prognosis is quite favorable, as I shall continue treatment at least one year.

Case 6.—This patient came under observation about six weeks ago, and eight days after intercourse, having what appeared to be a chancroid of the corona glandis. There was a somewhat indurated condition of the tissues surrounding the sore. I regarded it with some suspicion. Applied a mild dressing and left the case to see me again in three days. On the third day, or 11 days after the intercourse, the patient returned with a second sore on the foreskin, just opposite sore No. 1. I no longer hesitated to pronounce this a case of chancroid, having good reasons for so doing from the fact of the auto-inoculative. I now thoroughly cauterized both sores, and requested the patient to return in two or three days. On the third day the patient returned with a third sore on the penis just back of the second. The second and third sores quite purulent, the first secreting very little and exhibiting an indurated base. Cauterized the second and third and left the first sore to itself. The results in this case are, that the second and third sores healed about as a chancroid would, while the first has taken the course that a chancre would. The patient is beginning to show symptoms of secondary syphilis, having the vesicular syphiloderm and also mucous patches of the mouth, and also syphilitic fever, which appeared ten days ago, and continued five days. In this case we have the auto-inoculation and the absence of the period of incubation, which point to chancroid, and, on the other hand, the induration of the first sore and the subsequent appearance of secondary lesions, which point unmistakably to syphilis. Shall we call this a case of mixed chancre? The woman from which the the disease was contracted is now suffering from secondary syphilis.

REMARKS—DIAGNOSIS.

I desire to direct more special attention to the subject of diagnosis and treatment of the disease under consideration, because realizing the importance of these two principles, the correct or incorrect understanding of which is the source of success or defeat of every physician when he undertakes to grapple with this or any other form of disease. We may be profound in pathological knowledge, we may be able to comprehend all the etiological factors that may be at work in the causation of disease, and yet if we are deficient in the principles of diagnosis and treatment, our success as

practitioners of medicine must be confined within narrow limits. In speaking of the diagnosis of syphilis, I desire to direct attention as briefly as possible to some of the various structures of the body that may be affected with the disease. Permit me to remark at this juncture, that syphilis possesses a period of incubation; by this, of course, we mean the lapse of time following the introduction of the morbid poison into the system, and preceding the earliest manifestation of its presence. The earliest manifestation of syphilis in the system ranges from 15 days to five months, and usually its first appearance is in the form of a chancre. The location of a chancre is generally upon the glans or prepuce, but it may occur upon any part of the penis, and also upon the anus, breast, buccal cavity, fingers, lips, urethra, and uterus. A chancre usually occurs as merely a superficial erosion, it may be slightly elevated above the surrounding tissues owing to the subjacent induration; its surface is smooth, often looking as if polished, and is usually of a red or grayish color, although it may be dark or even black, owing to molecular gangrene. The secretion, if any is present, consists usually of a clear serum, free from pus globules. Chancre may appear, pass through its stage of existence, and subside without having attracted the attention of the patient. This probably accounts for the reason why no history of chancre can be obtained in cases where symptoms of secondary syphilis have appeared. Chancre may be mistaken for various conditions. It is, therefore, necessary to be familiar with the differential diagnosis of this manifestation of the disease in question. Chancre may be mistaken for the superficial ulceration of balanitis. It, however, differs from this condition in its later appearance after exposure, its induration, and greater persistence, and in the presence of an indurated condition of the inguinal glands. It is, therefore, necessary in a case of apparent balanitis to examine the inguinal glands; if they are not enlarged, the probability is that no chancre is present. Chancre may also be mistaken for chancroid. We should remember in this connection that chancre is constitutional while chancroid is local, that chancre is simple while chancroid is usually multiple, that the latter is painful while the former is not. Chancroid is auto-inoculable, while chancre appears at but one point.

In speaking of the auto-inoculability of chancroidal virus, three propositions have been formulated, which have been demonstrated to be true by the majority of authors on this subject.

I. Auto-inoculation is not peculiar to, nor pathognomonic of, the pus of the chancroid.

II. Simple pus is, under certain circumstances, capable of auto-inoculation.

III. The auto-inoculability is partially due to irritative inflammation affecting the pus, and partially to irritability of the tissues.

Chancre has a period of incubation, while chancroid has none. Chancre is limited to the human race, while chancroid may be transmitted to the lower animals. The secretion of a chancre is scanty and serous, while that of a chancroid is abundant and purulent. Touching upon the early symptoms of secondary syphilis, we will first consider the mucous patch. Mucous patches in syphilis may occur on the tonsils, scrotum, lips, glans and prepuce, velum palati, tongue, pillars of the soft palate, internal surface of the cheeks, between the toes, in fold between the scrotum and thigh, at the nasal orifice, on the pharynx, at the base of the toe-nails, at the meatus urinarius and in the axilla. In women this condition may also be found on the vulva, the perinæum, the umbilicus, the nipple, and the cervix uteri. At least, in some of these various localities, mucous patches may be mistaken for other conditions. As in one case reported above, mucous patches of the mouth may be mistaken for stomatitis follicularis, ulcerative stomatitis, gangrenous stomatitis, and suppuratie tonciliitis. In differentiating from these various conditions it must be remembered that in almost all of these latter difficulties ulceration or a destruction of tissue is the one principal symptom. And also that these diseases of the mouth occur most frequently in young children. On the other hand, a mucous patch, while it may manifest a tendency to ulcerative processes, yet, according to histology, this lesion is almost always found to consist in a marked hyperplasia and thickening of the papillæ, and an abundant proliferation of cells in the mucous layer, with the surrounding blood-vessels also likewise infiltrated and thickened. This condition is characteristic of the mucous patch wherever it may be found. I will next consider the subject of syphilitic alopecia.

Alopecia is one of the most common symptoms of syphilis, and varies from slight to almost complete loss of the hair. It is rarely permanent, and may appear very rapidly, or persue a chronic course. Syphilitic alopecia is peculiar to the secondary period, and is undoubtedly a result of impaired nutrition of the hair follicles, due to the adynamic influence of syphilis.

Specific alopecia must be differentiated from pityriasis capitis, senile baldness, and alopecia areata. The sudden invasion, the generally marked character of the baldness, and the absence of inflammatory changes, will usually serve to distinguish syphilitic alopecia from pityriasis capitis, which pursues a chronic course, and presents a scaly and somewhat pruritic condition. Senile alopecia usually be-

gins in middle life, makes its appearance on the vertex, or extends backwards from the forehead. The scalp is smooth and glossy, and the openings of the follicles are no longer visible.

Alopecia areata occurs most frequently in young children, and is characterized by well-defined, smooth, circular patches of a yellow color, with entire absence of hair, while on other portions of the head the hair is perfectly healthy. This condition should, therefore, not be confounded with syphilitic alopecia.

Syphilitic vegetations when they occur on the penis, about the anus, or vulva, are not difficult of diagnosis. These growths are not always indications of specific disease, since they appear in young children in regard to whose purity there can be no suspicion, and also in adults who have never suffered from any form of venereal disease. Yet their most frequent appearance is on the person of those suffering from some form of the specific disease.

The various eruptions upon the skin during the progress of syphilis are denominated syphilodermata and may be papular, papulo-tubercular, and tubercular; or they may be described as erythematous, papular, pustular, tubercular, vesicular, bullous, ulcerative, and gummatous. The erythematous, papular, pustular, and vesicular syphilodermata should be classified with the secondary lesions, and tubercular, bullous, ulcerative, and gummatous with the tertiary lesions of syphilis. The early secondary lesions are symmetrically and generally distributed and affect the superficial layer of the skin; while the tertiary lesions are always profound, and more sparsely distributed, yet involving large areas of tissue and pursuing a decidedly chronic and indolent course The lesions, each or all of them, may be mistaken for disorders of a non-specific origin. However, this should not occur since a syphilitic lesion of the skin is almost always concomitant with other lesions of a specific nature.

There certainly is nothing difficult in the diagnosis of the ordinary run of cases of syphilis as they present themselves in the consulting room; yet from a lack of the proper preliminary training, or from the absence of habits of study and observation, some physicians make sad errors in the diagnosis of this disease, and treat their patient for some simple malady until, perchance, the wife gives birth to still-born children, or children horribly deformed; while the patient himself is gradually drifting into a protracted illness and painful death.

TREATMENT.

It is often said that when once a correct diagnosis is made, treatment of the disease is nothing difficult. This, in a measure, may be true, yet I dare say not even treatment all lies in our text-books, as in the malady in question. I have seen cases where I have good reason to believe that a correct diagnosis was made, and yet the desired cure was not effected. The fault was not in the remedy, but in the mode of its administration. I have learned to believe in medicine and to use it, and when syphilis comes into my hands for treatment it does not get away with two- or three-grain doses of potassium iodide, but is met with from 20 to 30 grains at a dose. Or if necessary biniodide or bichloride is the remedial agent selected, it is not the sixtieth or hundredth grain, or the two-hundredth dilution, but rather the sixteenth- or twentieth-grain dose that does the work.

I will briefly allude to the various methods of treatment of this disease and then leave the subject for your consideration. Syphilis may be treated by the Arabian, hygienic, mercurial, hypodermic, and syphilization methods, and also with iodine and its preparations, nitric acid and gold, also treated with vegetable decoctions. The Arabian method of treatment, to which I will allude briefly, consists in the patient abstaining from his usual articles of food; he lives on biscuit, dried almonds, figs, and raisins, and drinks a glass or two of a decoction of sarsaparilla during the 24 hours, together with a mercurial pill night and morning. I have had no experience with this method of treatment, and am unable, at present, to state how extensively it is used; suffice it to say, however, that a laboring man could not pursue this line of treatment. It must be limited to those who lead an inactive life. The hygienic method of treatment consists in the practice of absolute cleanliness of the patient, abstinence from the use of stimulants and tobacco, attention to the secretions of the skin and bowels, and the cultivation of a cheerful disposition. The diet should be plain but nutritious. In case a patient has been long addicted to artificial stimulus, it may not be proper to prohibit its use entirely, yet in every case, it should be given under the strict supervision of the physician. Attention to the hygiene and surroundings should be part of the treatment of every case of syphilis. The mercurial method of treatment was first employed about the year 1500, and consists in the internal administration of the various salts of mercury, together with their introduction into the system by inunction, fumigation, in suppository, and hypodermically. Internally, the bichloride and biniodide are the salts of mercury most frequently resorted to, and may be given in pill form, in powder, or in solution. While mercury causes the secondary lesions to disappear, and the iodides the tertiary lesions, yet, since the secondary and tertiary lesions of syphilis often border closely on each other, it is necessary in treatment to combine mercury with the iodides, as this is

not only the best method of curing the disease, but also the surest guarantee against a relapse. This method of combining mercury with the iodides is pursued by some of the most eminent syphilographers of the present time.

By inunction we, of course, understand that mercury is administered through the skin by the use of friction. The preparation probably best adapted for this method is the oleate combined with simple cerate. The inunction should occasionally be followed with a bath of hot water and soap. This method of treatment is quite extensively employed, and usually attended with very satisfactory results. Mercurial fumigation was employed at a very early date in the treatment of syphilis, but fell into complete disuse until revived by English physicians. By this method mercury is introduced into the system by means of fumes generated by volatilizing calomel or black oxide of mercury, and in connecting the steam from boiling water. The patient, stripped of his clothing, is placed over the generating apparatus, usually upon a cane-bottomed chair, and encircled with a blanket drawn tightly around the neck. This process may be continued from three to twenty minutes, and repeated from two to four times a week, according to the general condition of the patient. This method is quite popular with some physicians, and is more cleanly but less convenient than inunction.

Suppositories containing from ½ to 1 drachm of mercurial ointment with a sufficient quantity of cocoa butter, one of which is introduced into the rectum every night, has been tried in the treatment of the disease in question, but with very unsatisfactory results. They soon occasion tenesmus, colic, catarrh, and a frequent desire to go to stool, while the syphilitic lesions are benefited very little, and a tendency to salivation is manifested early with this method of treatment.

The use of mercury by the hypodermic method has of late years attracted considerable attention among physicians, and deserves to be regarded as a valuable addition to our methods of treatment in certain cases. I have had no experience with this mode of treatment, yet I think very favorably of it. Calomel and corrosive sublimate are the compounds of mercury usually employed in this method.

IODINE AND ITS COMPOUNDS.

In the treatment of syphilis, the therapeutic effects of the iodides is in direct ratio to the duration of the disease. In other words in secondary syphilis give mercury, and in tertiary syphilis give the iodides. This plan is the one usually adopted in the treatment of syphilis. However, there are physicians who successfully practice what may be called the mixed treatment, which consists in a combination of the iodide with mercury. I have tried this method of treatment and am able to speak very favorably of it. It has been my experience, and also the experience of other practitioners, that in treating syphilis with the iodides alone, a tendency to relapse is quite frequently manifested, but combination with mercury prevents any such tendency. I desire again to refer to the fact that combination of the iodide with bromide of potassium prevents any tendency to iodism. This action of potassium bromide, I think, was first mentioned by DR. HENRY SELDEN NORRIS in the Medical News. This discovery, if substantiated by further observation, is certainly invaluable. I am inclined to think the proportion which DR. NORRIS employs is too large, since I have found that one part of potassium bromide to four of the iodide is sufficient to produce the desired result. Potassium iodide when administered alone is very readily taken in milk.

Before closing I desire to refer briefly to the treatment of chancre by excision. The question whether or not syphilis is already a constitutional disease when the chancre appears, upon which this treatment is based, has been thoroughly considered by almost all of the leading American syphilographers and as thoroughly condemned, since it has been shown that the excision of chancre does not attenuate the poison of syphilis or modify the general symptoms. Yet on the continent, and especially in Germany, the home of ANSPITZ, KAPOSI, and KOLLIKER, excision has been practiced successfully, and this success ought not to be attributed to error in diagnosis when such men as those just mentioned are the leaders in this method of treatment.

You will please bear in mind that in reporting the above cases as recovered, I have reference to recovery from the disease in its objective manifestations. Syphilis may recur after all symptoms of the disease have subsided. It is and has been my practice, therefore, to continue treatment at least six months after all symptoms of syphilis have passed away.

There are many interesting questions in regard to the diagnosis and treatment of syphilis which I have not mentioned. Indeed, I am free to confess my inability to do justice to this great subject. I trust, however, that what has been said in this paper may serve to refresh the memory of my fellow practitioners and stimulate them to a further study of this important subject.

A former physician of Granby, Mo., in advertising his "specialties" to the public, made known by his sign that he was a *chronist*.

[Reported for the MEDICAL AGE.]

CLINICAL LECTURE.

BY DR. J. M. DA COSTA, OF PHILADELPHIA.

INFANTILE EPILEPSY.

This fine, healthy-looking child, now three-and-a-half years old, has been subject to epileptoid seizures, since she was three months' old. The history given us is that her muscles twitched, and she falls forward on her face, but does not lose consciousness; these attacks she has had almost daily, but now they have been absent for two weeks all but one day. I bring her before you to illustrate the happy result of treatment. She is much brighter and her mother tells us that she takes much more notice of her surroundings than formerly. This great improvement is due to the use of the iodide and bromide of potassium, 15 grains of each of which she has taken daily since the 14th of October. There has been no eruption nor any other bad effect from these doses, which, though large for a child of this age, we will continue for the present, as they are doing undoubted good. These drugs, holding the paroxysms in check, have allowed the nervous system to rally and develope.

GONORRHŒAL RHEUMATISM IN A WOMAN.

C. C., æt. 23, is a married woman, who comes to us complaining of a lameness in her right knee, which, upon examination, you perceive is very much swollen. It is very tender and the joint is stiff, and motion causes considerable pain. There is no redness or appearance of inflammation about the skin. This swelling commenced suddenly three months ago, being preceded, she says, by leucorrhœa. Her general health is good, she has not lost flesh, she has no fever now and has not had any, save a very slight attack at the time of onset of the swelling. Her tongue is coated and flabby. Her bowels are regular and she has an excellent color. This, gentlemen, is a case of gonorrhœal rheumatism. The leucorrhœa, she speaks of, was, in reality, gonorrhœa. This disease is remarkable for several reasons: it affects usually only one joint; if more than one, very few, and unlike all other forms of rheumatism it remains in the joint it has invaded, producing swelling and stiffness and considerable alteration in the structure of the joint, but does not fly from joint to joint as does ordinary inflammatory rheumatism. There is seldom any fever save at the beginnihg, when it is usually very slight, and the general health is rarely impaired. Indeed, the case before you is a typical one. There is no cardiac lesion here, and this is the rule in gonorrhœal rheumatism. Now, what shall we do for this woman? Many authorities suggest the ordinary rheumatic treatment, such as salicylates, alkaloids, or colchicum, all of which, I assure you, are simply inert. We must look to a different class of remedies, for those which affect the blood, as alteratives and nutrients. Iron and quinine are indicated, and in chronic cases cod-liver oil. We must recognize the view that the disease is due to the absorption of gonorrhœal virus into the blood and secondarily to alterations produced in the blood and, through it, in individual tissues. Yet, while it is true that such a view must form the basis of our therapeutic procedure, local treatment must also be provided. We will give this woman oil of sandal wood, five minims, in capsules, one four times daily, and will repeatedly apply small blisters, not upon, but all around the joint. The oil of sandal wood is all the more indicated in this case because the woman is not anæmic; if she were, iron would be called for.

CIRRHOSIS OF THE LIVER AND GASTRIC VERTIGO.

JOHN R., æt. 46, complains of dizziness as his principal symptom. He experiences sensations of faintness and feels as though about to fall. These attacks come on every day, whenever he makes any exertion; they frequently occur from two to three hours after eating indigestible food, particularly fats. He passes bloody stools, due to hemorrhoids. Sometimes he is costive, but his bowels are generally moved daily. The tongue is coated and marked by the teeth. The heart's action is feeble, the first sound feeble, while the second is distinct. The heart is normal in size. The abdomen is prominent, partly due to flatulency, but low down. I detect fluctuation. There is slight dropsy of the feet. Liver dullness decreased and splenic dullness increased, urine, sp. gr. 1020, deeply acid, no albumen, no sugar, considerable sediment. He is a free liver. Now, gentlemen, what is the diagnosis? (Cerebral anæmia; fatty heart; cirrhosis of the liver; gastric vertigo). You are all right; far apart as these conditions may seem, yet they are all here in this case, and you have correctly diagnosed the man's diseases. He has ascites and gastric symptoms, due to impeded portal circulation, that in turn due to commencing cirrhosis of the liver; he has a fatty heart and typical signs of gastric vertigo, as evidenced by the vertigo coming on some time after the ingestion of indigestible food, and also, as is always the rule in such cases, vanishing when he lies down. In the treatment, we must direct our efforts chiefly to the liver and the digestive derangements. We must forbid oleaginous, starchy and saccharine food; his diet should consist of milk, meat and certain vegetables. We will order him one drachm of phosphate of soda every morning to keep his bowels regular, and one-fortieth of a grain of corrosive sublimate

thrice daily; we might also give him a little strychnine to tone up the nervous system.

DILATATION OF THE HEART.

Here is an oldish man, who complains of shortness of breath, that has troubled him since the first of last July. It came on suddenly when he was walking, he never having had acute rheumatism. This difficulty is growing gradually more marked. There is no œdema; urine, sp. gr. 1020; moderately acid; dark in color; no albumen and no sugar, so that we must cast aside any renal etiology. He has a slight cough and very slight expectoration; rarely uses liquor, and tobacco to a moderate extent. The pulse is feeble, over one hundred, irregular, and decidedly compressible. Percussion over the lungs anteriorly is clear; posteriorly, low down on the right, it is not so clear. In this position also there is feeble inspiration and some prolongation of the expiratory murmur. The area of cardiac dullness is decidedly increased, the impulse is feeble and is felt in the intercostal space below the nipple and in the one below that, but it is everywhere feeble. No evidence of systolic tinkling. The heart's action is irregular, a little difficult to analyze the sounds, but the second sound is distinct low down toward the apex, which is displaced downwards. The sounds are quite distinct about one inch above the ensiform cartilage, and even to the right of the sternum. The first sound is extremely feeble, and seems split occasionally. At the lower part of the heart on the right side the sounds are sharply defined, the first feeble and the second very distinct. The tongue is coated, and the bowels regular. Here we have a somewhat refined question in diagnosis. Is this a dilated heart, or is it a pericardial effusion? There may be some slight hypertrophy, but not much, and there are no general indications pointing to fatty degeneration. It is important for us to draw the line closely, for if we have pericardial effusion, the indications are for us to tap; while if we have dilatation, the indications are most emphatically to do nothing of the kind. Dulness on percussion and feeble impulse, both extended, are common to both of these conditions. But if there were pericardiacal effusion, we would have both sounds feeble, so that the disproportion in the relative intensity of the sounds favor dilatation. A point in favor of effusion, however, is the rapidity and suddenness of the onset of the attack and the absence of œdema, which is usually present in dilatation. But the preponderance of the other signs induces me to regard this as a case of dilatation. We will, therefore, order him one grain of digitalis (powder), in pill form, three times daily, combined with one grain of rhubarb. In this condition of short breath and laboring heart, nothing acts better than repeated dry cupping, particularly where we have, as in this case, a congested lung.

SYPHILITIC PSORIASIS.

This married woman comes to us with an eruption confined to her face, hands and arm, which she has had since last March. It first appeared on the hands. It does not and never did itch. She has had some sore throat and pain in the bones recently, and continuous headache for six weeks, as well as falling of the hair. This eruption is marked by a coppery hue, and very thin scales. Her eyesight is good, and she has never had any inflammation of the eyes. This, then, is a case of lichen, or lepra, or, as HEBRA would call it, psoriasis. The differences between the specific and non-specific forms of psoriasis are to be found in the facts, that in the former we have the copper hue and the very thin scales, which is not the case in the latter, and also in the absence of itching. Local remedies are absolutely useless, unless we may use a little vaseline to lubricate the parts, but the treatment must be constitutional. We will give a modification of a pill that was very popular with RICORD, and which contains one-eigth of a grain of iodide of mercury and one grain of extract of conium.

Correspondence.

DR. LEONARD'S GUESSING SCHEME.

There appears in your Nov. 10th issue of the AGE, an anonymous attack upon myself, that is so grossly untrue, in its statements and inferences, that I am astonished that you should have published it.

It may be *news* to you, and your anonymous "GUESS WHO," to know that the subscribers to my journal are over 100 in this city—we send out each issue to paid-up subscribers and exchanges over 150 copies of Leonard's Illustrated Medical Journal in this city—and that over *one-fourth* of the regular physicians of *this state* are regular and *bona fide* subscribers to my journal. (This I know from actual count, as I counted the names on my subscription books to-day.) Now, possibly, all these men are young and green physicians, as your correspondent avers, and possibly all the medical light of this state centres at Ann Arbor, as he would have us believe, but I trow not.

Suppose I should print the back-handed, and dirty anonymous assertions in my journal that I, C. HENRI LEONARD, receive frequently concerning you and the publisher of the AGE, would you call that honorable journalism? I would not. *Any* anonymous attack is cowardly, and always incorrect.

This is what I really said about my order of 500 copies of Bandaging, from Europe, after quoting the letter of the purchaser:

"This is the *third* of our works that has had an extensive English sale. Our POCKET ANATOMIST has been sold to the extent of over *two thousand* copies in London, and then was finally re-printed entire. Our treatise on THE HAIR has also been complimented with quite a sale. Indeed, without 'putting it too strong,' we think that very few American medical authors have had as pleasant foreign experiences."

Now, as to that guessing scheme: What was stated in my journal was, that any party sending $1.00 would be sent the Journal for three years. This has been a standing offer for five years with me, and I certainly see nothing harmful in it. To this proposition I recently added a list of premiums, aggregating 85 for each remittance, to be guessed for, and the one coming nearest a certain number selected would get the leading prize, and so on. This was entirely optional whether embraced or not in the $1.00 offer. Many have embraced it, and others have not, simply sending the $1.00 for the Journal for the three years alone, some saying it was well worth the money without anything else; others make no comment at all.

Now, Mr. Editor, if there is anything "henious" in all this then I am worthy the misrepresentation of "GUESS WHO," who is a person whose scientific attainments I have recently criticised, and *whose salary I help to pay*—through state taxation on my property—and whose book will never reach the English market, unless he states the truth better in it than he does in his "GUESS WHO" communications.

C. HENRI LEONARD,
Editor Illustrated Med. Jour.

A CASE OF PLACENTA PRÆVIA.

I wish to ask DR. E. G. EDWARDS, of London, Ont., through the columns of your valuable journal, what his management of the following case would have been, as its details are not covered by any of the cases he relates in his very interesting and practical paper published in the AGE of Sept. 25, 1885.

MRS. A. L. A., Swede, age 35, eleventh confinement. On the afternoon of Dec. 1st, her husband came to my office and gave me the following history of the case:

MRS. A. was probably about full term with eleventh child, had been having more or less hæmorrhage at short intervals for the past two months, and that morning, after a slight pain the "waters" had escaped—about two pints he thought—followed by some blood. He called in a Swedish midwife, but she failed to account for or to stop the næmorrhage, which continued to be very considerable—so much so that pieces of "liver" were removed from the vagina. This was in the forenoon. About 2:30 p. m., after the midwife had become alarmed, and the husband thought she "did not understand the case," he started for me. The bleeding at this time must have been alarming to any but the densely ignorant.

From the foregoing history I intimated to the husband my suspicions, and told him to return home—some five miles—and I would come at once as soon as my team was ready. A little after 4 o'clock I drove up to the residence, MR. A. having arrived a few minutes before me, where I was met by him, telling me to hurry, or his "wife would be gone." I immediately stepped into the room, and found everything in confusion, and the patient in about the following condition, viz.: Exsanguinated, prolabia ashy blue, respiration very labored, great restlessness, extremities cold, entire absence of radial pulse, and uterine contractions. In the meantime, I was told that she had lost two chambers full of blood, besides what saturated the bedding, etc. Hastily making a vaginal exploration, I still found hemorrhage continuing, with large clots in the vagina, the os dilated an inch and a half and a torn placenta previa. Back of the placenta the child presented by an elbow in front of the side of the head. I immediately detached placenta for some distance back from the os and drew a portion down into the os to check the hemorrhage, having ordered an alcoholic stimulant of good strength and size.

And right here I want to ask the doctor what would he have done? This case is different from any he relates in his paper. Would he have tamponed, given opium and alcohol and hot milk, awaiting reaction, knowing that he could not perhaps entirely control the hemorrhage and risking "concealed hemorrhage" (as there was no liquor amnii occupying the uterus and no contraction of that organ) and fearing at the same time that another eight or sixteen ounces of blood would determine a fatal issue? Or would he have detached placenta as far as possible, turned the child and delivered it at once, fearing—almost knowing—that the shock of this grave operation would not be rallied from? Or, doing neither, would he have called in the priest to administer to the moribund woman the last rites and have withdrawn from the sickening scene?

How long, O Lord,—or our legislative Solons—shall the festive midwife be allowed to go abroad in the land? But let us have your answer, doctor; though it make no difference to the patient whose case we have detailed to you, your counsel may help at another time and be evidence to us that we at least practised rationally, if not successfully.

T. M. HAYDEN, M.D.

OSCEOLA NEB.

A WORM EXPELLED FROM THE NOSE.

A few days ago Mrs. C. came to my office to get a vermifuge for her little boy. I inquired of her the reason why she wanted it. She replied that she knew he had worms, for "I pulled one out of his nose to-day!" As such a thing had not happened in my seven years' practice, I requested her to bring the worm to my office.

This was done the following day. It belongs to the nematodes, of the ascaris lumbricoides variety; is about five inches long, three lines in width, and of a reddish-white color.

DR. LEIDY in the article on "Intestinal Worms" in PEPPER'S "System of Practical Medicine," page 953, vol. 2, says, "Under disturbing circumstances, as the character of certain irritating food, the parasite is disposed to become restless and wander from its usual position. Not unfrequently it enters the stomach, and thence may ascend to the mouth or nose, and perhaps the first intimation of the presence of such an unwelcome guest is its expulsion from the mouth."

I wish to ask the readers of the AGE whether they find this a common thing. In my seven years' experience this is the only case that has come to my notice. I should be glad to hear more on this subject. Would say that santonin administered in this case failed to expel any worms.

W. E. ZIEGENFUSS, M.D.

DEXTER, Mich.

GRINDELIA ROBUSTA IN ASTHMA.

Noticing several articles lately on the complete relief afforded by grindelia robusta in spasmodic asthma, and having prescribed it myself with the same result, I state the following case.

Mrs. C., aged 37, had been suffering with asthma for some time when her husband applied to me for treatment. The attacks were so severe that she was unable to obtain rest, frequently having to be up from midnight till day.

I gave the following prescription:

℞ Fl. ext. grindelia robusta. ℥ i.
Fl. ext. lobelia, ʒ iii.
Fl. ext. belladonna, ʒ iss.
Iodide potassium, ʒ iiss.
Syr. tolu q. s. ad ℥ iv.

M. S. Teaspoonful as needed to keep down the attacks

About three weeks later the husband reported that his wife, after taking a few doses of the medicine, had not had a single paroxysm—that she had been completely relieved. I would be glad to hear the experience of others.

N. L. CLARKE, M.D.

MERIDIAN, MISS.

ANTIPYRINE AS A STYPTIC.

Noticing in a recent issue of the AGE an article entitled "Antipyrine as a Styptic," I take pleasure in adding my experience: Mrs. M., a middle-aged lady had a posterior molar tooth extracted from left supra maxilla at 9 a. m., on the 18th inst. The operation was followed by a troublesome hemorrhage which her dentist with the styptics at his command failed to control, and for which she consulted me thirty-six hours after, claiming she had lost "half a gallon of blood." On examination I discovered the blood welling up from the bottom of the cavity in two fine but continuous streams. I applied the solid stick of arg. nit. (after a failure to control the bleeding by packing with styptic cotton) and sent her home, thinking all secure. Half an hour later she came back, bleeding as freely as ever. Now, thought I, is a good opportunity to test the styptic. I filled the cavity with cotton first dipped in water then rolled in powdered antipyrine, and not another drop of blood escaped. The effect was instantaneous.

DR. J. W. MCCAUSLANE.

FORT WAYNE, IND.

A medical man in England, where administering the oath requires the deponent to kiss the bible, refused to perform the osculatory act owing to the uncleanliness and risk of infection. The judge held that this did not come within the range of a "conscientious objection," and the doctor was obliged to kiss, doing so, however, under protest. After a book has been handled and kissed by the promiscuous crowds in a court room for a number of years, it certainly acquires an "odor of sanctity" which would deter most men from embracing it very affectionately. If the Englishman must kiss a book he has a right to insist on its being rendered perfectly aseptic.

The Medical and Surgical Reporter vouches for the following, as a verbatim copy of a recent call for a Philadelphia doctor: "Doctre pleas Bring your toole to waxinait the Babey ass the small pocks are Spreding in the next Cort is peppermint and oile good for the Collik in the Bowles."

The Medical Age.

A SEMI-MONTHLY REVIEW OF MEDICINE.

JOHN J. MULHERON, M. D., Editor.

—Published By—

GEO. S. DAVIS, Medical Publisher, Box 470

DETROIT, MICH., DEC. 10, 1885.

Editorial.

THE PROGNOSIS OF BRIGHT'S DISEASE.

Whether Bright's disease is more prevalent now than, say, 15 or 20 years ago, is a question which it might be somewhat difficult to answer, owing to the absence of the requisite data. That it figures more prominently in mortality reports is, however, indisputable, and the fact is, doubtless, due to the improved methods and facilities for diagnosis. There is, moreover, a singular unanimity touching the prognosis of the affection, the general opinion being that a diagnosis of Bright's disease carries with it, almost necessarily, a fatal prognosis. With a better understanding of the disease, based chiefly on the more extensive clinical observation of it of more recent years, a pencil of rays of hope has begun to shine through this gloom, and the instances are not so few as to occasion surprise, in which patients suffering from the affection have lived and enjoyed a fair degree of health long beyond the period within the limits of which it is wont to be considered sure of its victim.

In a paper recently read before the N. Y. County Medical Association, and summarized by the N. Y. Medical, Dr. Austin Flint, discussed the elements of prognosis in Bright's disease with his usual clearness of treating a subject. The scope of prognosis, he held, is not limited to recovery from the disease. A disease might involve more or less irremediable damage to important organs, but, after having progressed to a certain extent, the damage might not become greater, and the remaining healthy portion of the organs might be sufficient for all purposes of life and a perfect state of health. Again, a disease might be progressive, but so slow as not to be opposed to long life and general good health. But in chronic disease the danger to health might depend upon associated affections, or chronic disease might be tolerated, provided the conditions were favorable; otherwise it would prove fatal. Was the disease acute or chronic? Assuming the existence of acute Bright's disease, experience taught that, exclusive of the important concomitant affections, it did not end fatally as a rule, and did not result in any permanent renal lesion. In other words, the acute was not followed by the chronic disease; but exceptionally it ended fatally or in the chronic form. In some cases the acute disease was not marked: it continued for some time, and ended in recovery. Here he would substitute for the word acute, subacute. In some cases the question would arise, whether the disease was subacute or chronic, and the diagnosis could only be definitely settled in favor of the subacute form by the disappearance of every evidence of renal disease after some weeks, and the recovery of health.

The author then considered some of the elements of prognosis in cases of chronic Bright's disease. What were some of the conditions requisite for latency? 1. The kidneys must not be damaged beyond a certain degree. 2. The important organs of the body, other than the kidneys, must be capable of performing their respective functions satisfactorily. 3. The laws of health relating to alimentation, exercise, etc., must be observed. Suppose these conditions of health to be fulfilled, and a lesion of the kidneys to exist which diminishes their functional ability one-half, and the disease was not progressive; life and health would be compatible with the existence of chronic Bright's disease for an indefinite period. In order that chronic Bright's disease should be well tolerated, the treatment should relate to accessory conditions required for bringing about toleration, those conditions relating to the organs of the body and to general hygiene. The kidneys in this condition were incapable of meeting an additional demand on their functions. Should the patient fail to observe the accessory conditions mentioned, the inefficiency of the kidneys would become manifest in headache, misty vision, nausea in the morning, impairment of the appetite, and general debility. Examine the urine in such a case, and evidence would be found of chronic Bright's disease which had probably existed for years, the progress of the renal affection at length rendering the organs incapable of performing their functions properly, which caused attention to be directed to the state of the kidneys. It was important, in determining whether the kidneys eliminated excrementitious matters sufficiently not to endanger the health, to make a thorough examination of the urine, not alone with regard to the presence of albumin and casts, but also as to the quantity of urine eliminated daily, its specific gravity, and the proportion of the salts. The quantity of the urine might be increased while the specific gravity was so low as to involve great danger from uræmic toxæmia. Suppose the examination of the urine in a case of chronic Bright's disease showed renal ade-

quacy; how should that fact influence the treatment? In this way, that diuretics, sudorifics, and hydragogue cathartics would not be indicated; indeed, inasmuch as their influence was debilitating and opposed to the accessory conditions for health just mentioned, they were contra-indicated. Was the degree of renal adequacy, as determined by an examination of the urine, reliable in judging of the absence of danger from toxæmia? This question was to be answered in the negative. In some cases of Bright's disease the quantity of the urine was decreased for a long period without serious consequences. The explanation lay in the fact that the excrementitious matter was eliminated vicariously, or its effects upon the system were counteracted by other agents. On the other hand, slight inadequacy, without vicarious elimination and counteracting agents, sometimes led to serious consequences. The prognosis after coma was always grave, yet we meet with cases repeatedly in which life was preserved for a long time. Of acute pulmonary œdema the same might be said as of uræmic coma. In his experience the most serious consequence of Bright's disease was dyspnœa, or renal asthma, apparently due to toxic effects upon the respiratory center. He has never known such a case to end in recovery, but he had known the life to be prolonged for several years after dyspnœa from pulmonary œdema occurring in the course of chronic Bright's disease.

Recapitulating, DR. FLINT said that subacute diffuse nephritis, having the same seat and character as acute Bright's disease, exclusive of acuteness, occurred not only after scarlet fever and other fevers, but irrespective of these; and when it occurred as a primary affection, or in connection with other diseases, it was liable to be overlooked, or, if recognized, to be mistaken for the chronic form. Further, acute or subacute diffuse nephritis not infrequently occurred as an intercurrent affection in the course of chronic Bright's disease, and rendered the prognosis temporarily more serious. The disappearance of symptoms and the presence of health did not necessarily indicate that the chronic disease was not still in existence. Again, a susceptibility to the causes of inflammation of the uriniferous tubules, irrespective of the existence of chronic Bright's disease, was to be recognized as an individual peculiarity.

CANNABIS INDICA IN DENTISTRY.

A correspondent wrote us some time ago, giving a very unsatisfactory experience with the following formula which appeared in the September 25th issue of the AGE, having been copied from some favorite formulæ published by DR. J. F. KEMPF in the Louisville Medical News:

℞ Pulv. camphoræ, ʒ j.
Etheris sulph., ʒ jv.
Tr. cannabis ind., ʒ iij.
M.

This was recommended to be applied, by means of absorbent cotton saturated with it, to the gums, as an anæsthetic in the extraction of a tooth. Having had some of the common experience in the unsatisfactory nature of the tincture of cannabis indica as sold in the shops, we suggested a substitution of the normal liquid cannabis indica as prepared by MESSRS. PARKE, DAVIS & CO. The method of the manufacture of normal liquids ensures an absolutely reliable preparation, regardless of the strength of the crude drug. Acting on our suggestion he reports the success following the use of the preparation as well nigh phenomenal. We would suggest a further trial of this formula at the hands of our readers, whom we admonish not to condemn it until they have employed the normal liquid cannabis indica in the stead of the tincture. Should the claims made for it be corroborated by the results of a sufficient trial to thoroughly test them, we have in it a most valuable addition to a somewhat imperfect class of medicines, viz., the local anæsthetics, for if we except cocaine our local anæsthetics are very unsatisfactory.

THE ARTIFICIAL THORAX.

We have lately seen a very ingenious apparatus constructed under the directions of DR. HAL C. WYMAN, of this city, and called by him the "artificial thorax." It is intended for use to aid in distending the pulmonary air-cells when, from any cause, they refuse to yield to the pressure due to the ordinary respiratory movements. It is the outcome of studies based upon numerous experiments in artificial respiration upon the lower animals made in the course of several years devoted to experimental physiology and surgery. Briefly, it is a device which enables the physician to aid the action of the diaphragm and inspiratory muscles in filling the chest with air, and is capable to a degree which enables him to regulate and control the mechanism of respiration by a lever which he holds in his hand. DR. WYMAN advocates its use in laryngeal stenosis due to croup or diphtheria, claiming that death from that cause in those diseases is due to overwork and fatigue of the diaphragm and inspiratory muscles. Under the title "Pneumatic Differentiation" various articles have appeared in several journals during the past few months which have discussed the principles embraced in the apparatus designed by DR. WYMAN.

At a recent meeting of the Wayne County Medical Society the doctor reported experiments made with it on the lungs of swine which proved, beyond any possibility of doubt, the power of the instrument to distend the pulmonary air cells to their fullest capacity and to compel their expansion with air even when the glottis is obstructed by disease.

Notes.

We publish elsewhere DR. LEONARD'S characteristic reply to the correspondent who ventured to express an opinion on his method of introducing his only Illustrated Medical Journal. While we are sorry that we, rather through carelessness than design, permitted a reference to the matter in our columns, we insist that the communication complained of was not, in the recognized sense of the word, anonymous, it being accompanied, as an evidence of good faith, with the writer's card. We trust we are not ungrateful for our contemporary's consideration in not publishing "the back-handed and dirty anonymous assertions" which he so "frequently receives" concerning us and our publisher. Such magnanimity deserves recognition, and we, therefore, cheerfully accord DR. L. the space which he asks in which to "correct" "GUESS WHO'S" assertions touching his books and his guessing scheme.

A scrap from the old church-records of a church in England:

WINCHESTER, October, 1182.

For work done by PETER M. SOLLERS:

	s.	d.
In soldering and repairing ST. JOSEPH..	0	8
Cleaning and ornamenting HOLY GHOST,	0	6
Repairing the VIRGIN MARY behind and before, and making a new child.....	4	8
Screwing a nose on the devil, and putting hair on his head, and placing a new joint in his tail.....	6	6
Paid, December, 1182,	11	4

P. M. SOLLERS, Church Mechanic.

The American Committee of the Statue of Liberty, RICHARD BUTLER, 33 Mercer St., New York, Secretary, requires more money to complete the pedestal on which to place the magnificent gift of the French people. To raise the requisite amount it offers for sale *fac simile* miniature statuettes, six inches in height—statue bronzed, pedestal nickel-plated—for one dollar. For five dollars a beautifully bronzed and nickel-plated figure twelve inches high will be furnished, and for ten dollars a heavily silver-plated statuette with plush stand. Here is an opportunity not only to secure a very beautiful ornament, but also to assist in an object which appeals to one's patriotic instincts.

M. GERMAIN SEE, at a recent seance of the Academie de Medicine of Paris, on purely physiological grounds attacked the various cures formulated in Germany for the treatment of obesity. He declared that none of them were of any real value, and said that the only true antifat treatment was starvation diet and the daily use of saline purgatives. His ideas agree with those expressed by the cowboy to the fat conductor. "Look here," said the conductor to an obstreperous bull-puncher. "You have got to do one of three things—make less noise, go into the smoking-car or get off the train!" "Yes," retorted the long-haired son of the plains, "and you've got to do one of three things—eat less, evacuate oftener or bust!"

One of the Big Rapids, Michigan, public vaccinators, DR. J. L. BURKHART, managed recently, in some inexplicable manner, to transfer to the tip of his nose some of the virus designed for other and less conspicuous ends. The result was a good take, and a correspondingly luxuriant blossom. For a time the doctor was obliged to carry his nose in a suspensory bandage to keep it from running all over his face. The acute inflammation has about subsided and all is doing well, the only cause of worriment to the doctor being the nosological classification of the sore. He hasn't succeeded in getting that matter settled to his satisfaction.

MESSRS. PARKE, DAVIS & CO., of this city, have established in connection with their laboratory, a School of Pharmacy. The school is under the control of DR. A. B. LYONS, chemist, and DR. H. H. RUSBY, botanist. Lectures are given each Wednesday evening, and stated reviews are held on Friday evenings. While the class is largely composed of the employés of the firm, the benefits of the school are not limited to such, all who desire to join being allowed to do so at a nominal cost. This last move on the part of this energetic firm is but in a line with their policy to combine scientific excellence with commercial enterprise.

DR. H. A. EBERLE, of Kansas City, Mo., writes us beseeching us to withdraw an advertisement which he sent to the AGE. One insertion of it called forth communications from readers representing all parts of the United States, in such numbers that the doctor has not had time to attend to them, and as he does not keep a private secretary, he wants the thing stopped. We regret very much to have caused the doctor all this trouble, but if people will

advertise in the AGE they must take the consequences.

An effort is being made in Georgia to place a tax on celibacy in the male, it being proposed to require each male inhabitant who has passed the age of thirty to contribute $2.50 to the State treasury. The bill to that effect now before the legislature of that State ought to become a law, for if single-blessedness is worth anything, those who revel in it should not object to contribute the amount mentioned towards compensating for the loss in material wealth which the failure to propagate entails on the commonwealth.

M. BALLAUD (Journal de Pharmacie et de Chemie) claims to have discovered a poisonous alkaloid in old wheaten flour. It is absent in new flour, but may be found in that which has been ground from a year to eighteen months, and is more markedly present in flour from two to three years old. M. BALLAUD believes the poisonous substance is formed in consequence of the acidity of old flour during the transformation of gluten under the influence of the natural ferment of wheat.

The following is vouched for: An old and well-known physician of central Ohio was conversing with a bystander while writing a prescription. The name of a third party fell from the lips of the sedate disciple of ESCULAPIUS while writing, and when the prescription was presented to the druggist for filling, he was somewhat surprised to read: "WM. DESHLER, grs. xx." The druggist thought the directions should have read: "Sig.—To be taken *cum grano salis*. Shake well."

An ingenious Vermont woman recently escaped the inconvenience of disrobing for the benefit of the sanitary inspector, on her return from a visit to Montreal, by sewing a button on the inside of her sleeve over the usual site of vaccination. When the inspector asked her to bare her arm, she demurely answered that there was no necessity for that, as he could "feel the scab" through her garment. The device was successful, but now that the joke has got out it is doubtful whether it can be played again.

DR. J. B. MATTISON, the inebriate expert, is out with an article in which he declares, in language very emphatic and unequivocal, that *Avena Sativa* is not all that its manufacturers claim for it. This declaration is corroborative of the opinion of certain chemists who have failed to discover any principle in oats which justifies the extravagant claims made for the proprietary medicine alleged to be manufactured from them.

Copy of an affidavit of a regular physician, in a pension case: Chronic bronchitis effecting the bronchial bronchioles (or lower part of the bronchial tubes), giving rise to shortness of breath or choking pain in chest. Eyes infiltrated (chronic ophthalmia). Effervescence of lower limbs. Sequence of rubeola. Shortness of breath (choking pain in breast). Leaving system favorable condition for tuberculosis. Treatment occasionally.

The story of the embarrassment of the young Sunday-school teacher who was pressed for an explanation of the origin of life by her inquisitive pupil, is familiar to most of our readers. Her latest episode was her inquiry of the pupil whether he had been baptized. "Yes, two times," was the reply. "Two times! Why, how could that be?" "Please ma'am, it did'nt take the first time."

The Lancet informs us that M. TAYUGOPA has discovered in pickled cabbage an alkaloid the hydrochlorate of which paralyzes the vasomotor centres of the medulla oblongata as well as the cardiac fibres of the vagus. He affirms, also, that it suppresses the delirium due to the prolonged abuse of alcohol. The latter discovery is important and will tend to make saurkraut very popular.

COLIC *vs.* COMIC.—One day as little FERN, a miss of five years, was looking at a picture of a negro boy and girl sitting in a basket eating a watermelon. The boy had his arm around the girl's waist, and, on the whole, the picture was quite amusing. FERN looked at it, smiled and exclaimed: "Mamma, isn't that cute? O, mamma, *isn't that colic?*" The mamma thought it might be bye-and-bye.

Hypnone is the name given by DUJARDIN-BEAUMETZ to phenyl-methyl-acetone, on account of the promptness with which that substance induces sleep. Three or four drops mixed with glycerin and given in a gelatin capsule are said to produce sleep. If further trials shall substantiate the claims made for it, it will prove one of the most valuable additions to the materia medica of recent years.

A secular contemporary lets drop a valuable hint which could with profit be appropriated by the medical profession. It says, bills are like babies—they need looking after, and can walk at twelve months. They ought to be corralled before they have arrived at the age of locomotion.

DR. PURDY, a New York physician, has had a judgment of $500 rendered against him for sending to the eruptive hospital a patient in whom he had diagnosed small-pox. The patient was sick only a few days, the eruption being due to contact with the face of a solution containing acetic acid.

M. OLLIVIER is said to have discovered in the saliva of patients suffering from mumps, a peculiar micrococcus which he is disposed to regard as that which causes the disease. It occurs either singly, in pairs or in the form of a zooglœa mass. In addition to it the secretion contains also the usual bacteria found therein

Medical Record: "Measure for measure," as the patient said when he poured out ℥ ij of turpentine for his tape-worm. "All's well if this end's well," said the tape-worm, as he buried his front end in a follicle of Lieberkühn while the turpentine swept by.

DR. NEWTON, U. S. A., recommends the application of liquor potassa as a remedy for corns. Applied twice a day for four months it cured a corn which had proven rebellious to every other treatment.

There lives in Michigan a physician, not a regular, fortunately, who prescribes "cymple surop."

Book Notices.

LECTURES ON THE DISEASES OF THE NOSE AND THROAT, Delivered during the Spring Session of Jefferson Medical College. By Charles E. Sajous, M. D., Lecturer on Rhinology and Laryngology in the Spring Course of Jefferson Medical College; One of the Physicians in Charge of the Throat Department, Jefferson College Hospital; Ex-President of the Philadelphia Laryngological Society, etc. Illustrated with One Hundred Chromo-Lithographs, from Oil-Paintings by the Author, and Ninety-three Engravings on Wood.

Philadelphia: F. A. Davis, Att'y, publisher, No. 1217 Filbert street.

We have been very much entertained as well as instructed by our perusal of this new book. A superficial examination of it is sufficient to convince any one that the author is not one of those literary parrots who increase the volume of our literature without adding anything to its substance—whose efforts expend themselves in revamping material which has been previously presented in equally good form. DR. SAJOUS writes with the air of conviction, having taken little or nothing for granted, and presenting little or nothing for which he has not a warrant in his own experience. A book of this kind is always interesting, and in the present instance, since it treats of a subject which is receiving an increased amount of attention with each year, it is peculiarly so. The drawings from life are excellent, and their reproduction by the chromo-lithographing process leaves nothing to be desired. The work is especially adapted to the needs of the general practitioner, and, without giving a detail of its merits, it is one which we can commend without reservation.

AN ATLAS OF CLINICAL MICROSCOPY. By Alexander Peyer, M.D. Translated and edited by Alfred C. Girard, M. D., Assistant Surgeon, U. S. A. First American, from the Manuscript of the Second German Edition, with additions. Ninety Plates, with 105 illustrations, Chromo-lithographs.

New York: D. Appleton & Co.
Detroit: John MacFarlane.

If the value of the microscope in such practice of medicine as lays any claim to being scientific, be conceded (and the claim will scarcely be questioned) a book of the nature of that now before us becomes well nigh essential to the general practitioner who has never had the opportunity of examining for himself, the various pathological conditions which present. And to such even as have enjoyed this opportunity it is scarcely less indispensable as a reminder of forms, the familiarity with which is very apt to fade from the memory. DR. PEYER'S Atlas gives plates illustrating the pathological changes occurring in the various secretions and excretions, and in the explanatory text indicates their clinical significance. While the work is particularly valuable as an aid to urinalysis, it is scarcely less valuable as a guide to the examination of milk, sputum, and the intestinal discharges. The plates are beautiful works of art. The translator has, however, not given a very easy translation of the text, his sentences being much tainted with the German idiom, and certain statements are made for which we hardly think the author would like to be held responsible, as, for instance, that the quantity of blood in the system equals one-third of the weight of the body.

THE PHYSICIAN'S POCKET DAY-BOOK. Designed by C. Henri Leonard, M. A., M. D., Professor of Medical and Surgical Diseases of Women and Clinical Gynæcology in the Detroit College of Medicine; Member of the American Medical Medical Association, etc.

The Pocket Day-book is what is ordinarily known as a visiting list. It accommodates daily charges for 25 or 50 families weekly; has a complete obstetrical record for 94 cases, and monthly memoranda for debit and credit cash account. Price $1.00; for 25 cents extra the name of the purchaser will be printed in gold on the side, and for 50 cents additional he may have his name, town and state similarly printed. In noticing the appearance of the previous edition of this list we spoke very approvingly of it, and we now desire to say that it continues to hold its position of comparative excellence among the many visiting lists published.

Formulary.

FOR NIGHT SWEATS AND NERVOUS PROSTRATION.

DR. Q. C. SMITH (GAILLARD'S Med. Journal) recommends the following pill for night sweats, and has found it also useful in relieving the nervous prostration due to alcoholic excess:

℞ Oxide of zinc, gr. xij.
Pyrogallic acid, gr. xxiv.
Sulphate of atropine, gr. $\frac{1}{24}$.
Extract of lupulin, gr. xlviij.
M.

Make into 24 pills and silver-coat.

Sig.—One pill three times a day, soon after meals.

LIME IN THE TREATMENT OF BRONCHIAL CATARRH.

TRASTOUR ("Union méd.") recommends the following mixture:

Iodide of calcium, 75 grains;
Lime-water, 3 ounces;
Distilled water, 12 ounces.

A spoonful should be taken at the beginning of the two principal meals, in a glass of wine and water or in milk, and the use of the preparation should be continued for a long time, together with frequent counter-irritation and the repeated use of laxatives and balsamics. In case of asthma-like oppression, antispasmodics and calmatives will be needed, especially morphine.—*N. Y. Medical Journal.*

THE ADMINISTRATION OF ANTIPYRINE.

After a number of trials, M. DUMOLARD ("Lyon méd.") gives the preference to the following formula:

Antipyrine, 20 parts;
Jamaica rum, 30 parts;
Syrup, Water, } each, 150 parts.

In typhoid fever, he gives a teaspoonful three times a day.—(*Ibid.*)

DIAPHORETIC BOLUSES.

A contributor to the "Union médicale" gives the following formula:

Sublimed and washed sulphur, Powdered bitratrate of potassium, } each, 30 grains;
Powdered gum guaiacum, 15 grains;
Syrup, q. s.

Divide into four boluses. All to be taken in the course of a day.—(*Ibid.*)

Medical Progress.

OXYGEN AS A THERAPEUTIC AGENT.—DR. S. S. WALLIEN in the N. Y. Medical Record, Oct. 31, 1885, in discussing the application of oxygen in therapeutics quotes at some length the conclusions arrived at by authorities who have investigated this subject and narrates the history of cases in which he has himself employed oxygen with gratifying results. We give below some of the conclusions arrived at:

LOYSSEL, in the Journal de Médecine de Bruxelles, August, 1884, reports results of extensive experiments with the pure gas. During the year I have received a copy of a work published in 1870, at Calcutta, by J. E. PURDON, Staff Assistant Surgeon in the English Army operating in the Indies. It is a quaintly printed octavo of 120 pages, entitled: "Cholera; and Efforts towards Framing an Equilibrium Theory of Disease."

DR. PURDON labors with really ingenious plausibility to show that oxygen, and its actinic state, ozone, by their presence or absence are important, if not principle factors in the origin, dissemination, and antagonism of cholera and other epidemic and zymotic diseases.

LOYSSEL, in the paper referred to, formulates the following conclusions:

1. In certain cases of poisoning, viz., by chloroform, ether, chloral, opium, sulphide of hydrogen, carbonic oxide and hydrocyanic acid, oxygen is the only means of preserving life after all other means have failed.

2. Its presence in the operating room would be an infallible safeguard against fatal accidents from the use of anæsthetics. It promptly restores sensibility and eliminates narcosis in all such cases.

3. It offers the best prospects for success in asphyxia from strangulation, drowning, poisonous gases, etc., as also in cases of suspended vitality in the new-born.

4. It will almost surely sustain life in all cases in which respiration has not entirely ceased, even if the intervals between inspirations be very great, provided it be persistently exhibited.

5. If cardiac and respiratory action have been absent for but a short time, resuscitation is often possible through the use of ovygen; and this agent should be perseveringly used in all such cases, even when appearances indicate that all efforts will prove useless. Cases have been frequently reported of drowned persons and apparently still-born children being fairly raised from the dead by persistent endeavors with oxygen.

6. There is no contraindication of the gas in any case of asphyxia.

7. The gas can be respired in notable quantities without the slightest injury.

DR. HOLSTEIN, in the Gazette Médicale de Paris, asserts that oxygen has marked power in enfeebling or inhibiting exaggerated reflexes.

PROFESSOR LASHKEVITCH, of St. Petersburg, reiterates this assertion, and at his suggestion, DR. FAVR, of Kharkov (reported in Vratch, No. 13, 1885), resorted to oxygen inhalations in two cases of puerperal eclampsia, and his efforts were followed by prompt and brilliant results.

The first was that of a seamstress, aged nineteen, who was brought to the hospital in an unconscious state, cyanotic, with stertorous breathing, the convulsive paroxysms being very frequent, and each preceded by a uterine contraction. Warm baths, wet packings, and enemata had been thoroughly tried without affording any relief. Chloral hydrate failed to mitigate the paroxysms, and even chloroform inhalations gave but slight and transient relief. Oxygen was then resorted to as a forlorn hope. Within five minutes from the first inhalation of the gas the patient recovered consciousness sufficiently to call for a glass of water, the pulse fell from 120 to 90 per minute and a tranquil sleep of two hours' duration intervened. At the end of this period uterine contractions recurred, without exciting an eclamptic seizure; but on suspending the oxygen inhalation the paroxysms soon returned. A fresh supply of the remedy brought each paroxysm to a speedy termination and quiet sleep followed each resumption of oxygen inhalation. At this juncture, the os being not yet dilated, Barnes' dilators were used, the membranes punctured, and the delivery completed without further accident. The patient was discharged on the nineteenth day after confinement, in a very comfortable condition.

The second patient, a primipara, aged 18, had two paroxysms of eclampsia, post partum, twenty minutes apart, and lasting twelve minutes each, the patient remaining unconscious in the interval. On the administration of oxygen consciousness at once returned. Four more paroxysms followed, but they were very much milder, and separated by intervals of entire consciousness and perfect comfort. This patient made a rapid and satisfactory recovery.

DR. FAVR concludes his paper by expressing his enthusiastic hope that further tests will so corroborate these results that, in the near future, oxygen-gasometers will become a common and indispensable feature of all lying-in hospitals.

Among the newer preparations brought forward, recently, as related to the oxygen family PROFESSOR BECK stands godfather to one called by the rather questionable name *Ozonine*. It is a liquid, depending wholly upon ozone, or actinic oxygen, for its medicinal virtues, and was recently discussed at a meeting of the Biological Society of Paris (Repertoire de Pharmacie et Journal de Chimie Médicale, 1, 1885).

Of this preparation—the details of its manufacture not being given—ONIMUS, of Paris, declares that as a disinfectant it is scarcely less prompt or efficient than ozone in a gaseous state.

BRAND, of Toulon, used this drug with marked success in small-pox and in cholera.

GRIOL and LONG assert that for putrid and zymotic diseases and conditions, in hospital practice, this preparation, by constantly liberating ozone, affords to nurses, physicians, and attendants, certain and safe immunity from infection,

Its application to flesh in an advanced state of decomposition, and to putrid eggs, promptly corrected all odor and appearance of putrefaction.

It blackens metallic silver, changes arsenite of potash into arseniate, and gives the usual reactions of ozone with the test papers of SCHÖNBEIN and HOUZEAU, as also with thallium paper.

Thus as an antiseptic, antizymotic, antiputrefactive, and disinfectant, this preparation may, in time, supersede the entire list now in use.

Following in the wake of the above, a Boston firm has offered a preparation called *ozone water* (*Aqua Ozonata conc.*), which is claimed to be an efficient form in which to exhibit ozone, both as a disinfectant and for internal administration. Although I have used this article to some extent it has not met my expectations; but my experience with it does not warrant any intelligent or final decision as to its merits.

Of *hydrogen dioxide*, H_2O_2, commonly called peroxide of hydrogen, and by some inaptly called "oxygenated water," I have spoken in former papers. Among recent experimenters with this compound, HENSEL, a German chemist, of note, has given it careful study, and has published the results in a brochure which has been translated into English by PROFESSOR W. A. DAXTON, assisted by MR. PAUL TRENTLER, of New York. The translation has not yet appeared in print, but it is to be hoped it will ere long be rendered available to the American profession.

According to the interesting table of PROF. MIGUEL, peroxide of hydrogen stands third on the list, as to potency in preventing putrefaction, the binoxide of mercury and iodide of silver alone excelling in this direction. Since it is entirely non-irritant, non-toxic, and almost as bland in use as simple water, it ought to supplant all the toxic and irritant agents now in use in surgery for the purposes named.

It is also an accurate and reliable test for pus in urine. By adding a solution of the peroxide to the suspected sample, brisk effervescence at once ensues, if pus be present.

DUJARDIN-BEAUMETZ has recently given the results of some experiments with this drug, internally exhibited, in cases of severe anorexia, in diabetes mellitus, and in polydipsia. In the first, return of appetite was readily accomplished without causing any gastralgia or other untoward symptoms. In the cases of diabetes the results were negative. In a case of polydipsia, in which twenty eight litres of urine were voided daily, the improvement was very prompt.

In the New York Medical Journal of April 25, 1885, DR. DAYTON, whose joint translation of HENSEL'S work has been referred to, gives a summary of his experiences with peroxide of hydrogen. Having had his attention called to it by HENSEL'S enthusiastic description of its properties, he essayed its use both topically—chiefly in spray—and internally, in solution, in severe cases of throat, nose, and ear disease, "complicated with tubercular infiltration of the lungs." DR. DAYTON concludes his paper, which will well repay perusal by all who are interested in the subject, by asserting, "that the peroxide of hydrogen has a future among the most trusted resources in the materia medica, I have no doubt. It is a potent deodorizer, it is an eligible antiseptic (in[?] and out of the circulation), and it is an effective remedy in a large class of diseases in which mucous-membrane tissue is chiefly involved. For cleansing purposes it has no equal in any known agent. In operations on mucous mem-

brane, where the secretions and hemorrhage often embarrass the surgeon, the use of a strong solution of the peroxide (twelve per cent.) facilitates progress by decolorizing the blood and by its cleansing, styptic properties."

DR. F. ALLPORT, of Minneapolis, in a recent number of the American Journal of Ophthalmology, gives a strikingly similar report of experiments with this drug, used in the same class of diseases. He, however, evidently writes, as do most recent observers, in utter unconsciousness of work done and reports published by confrères and predecessors; hence encumbering his brief paper with the now somewhat trite history of the original discovery, etc., of the compound.

Certain scientists are now asserting that the immunity from pulmonary and other degenerative diseases and the general healthfulness enjoyed by those who dwell in the immediate vicinity of pine forests, is largely due to the constant presence of peroxide of hydrogen in the vapor of the atmosphere.

These pine districts have, on the same account, been noticed to have a remarkably beneficial effect on the voice.

Heretofore it has been the custom to ascribe these effects to ozone.

The most serious drawback or hindrance to the rapid progress of this so-called oxygen treatment, which may be aptly styled the principal branch of natural therapeutics, based as it is on reason, physiology, and clinical success, lies in the fact that, with our present facilities, or lack of facilities, its extensive clinical exhibition involves more time, care, and cumbersome apparatus than a majority of practitioners can devote to it. It is for lack of the *required patience and painstaking that so many experiments have failed, and will continue to fail, of satisfactory results.*

But facilities are being constantly increased and improved. Oxygen can now be had, condensed in rather unwieldy but portable iron flasks, containing one hundred and two hundred gallons each. Nitrogen monoxide has for years been available, in flasks of readily portable size; and several manufacturers are now giving us the peroxide of hydrogen in convenient form and of unexceptional quality. The liquefaction of oxygen is also, at last, an accomplished fact; M. CAILLETET having recently perfected a process and an apparatus of very simple character by which this result is easily attained. The process is thus sketched: Ethylene is brought to the boiling point in open vessels, producing a degree of cold represented by —123° C., or —253.4° F. At this point oxygen assumes a liquid form, and may be stored in strong flasks. It ought not to be long ere we can procure this element at the counter of any well-stocked pharmacy in suitable vehicles for ready transportation and instant use.

A French mineral water firm has begun to supply Paris dinner-tables with distilled water charged with oxygen. The beverage is mildly exhilarating and likely to become popular. The idea was suggested by the favorable report of DUJARDIN-BEAUMETZ to the Société Thérapeutique already referred to.

I shall be glad to assist in an advertising boom for the first American firm which shall have the enterprise to follow suit.

As an offset to the charge of enthusiasm and hobby-riding it may be pertinent to reiterate a few well-known physiological and vital aphorisms:

"Oxygen is the sustaining principle of animal life and of all the ordinary phenomena of combustion.

"The process of respiration in animals is an effect of the same nature as common combustion. The blood contains substances which slowly burn by the aid of the oxygen thus introduced into the system. When this action ceases, life becomes extinct" (FOWNES).

The biblical account of creation says, God breathed into his nostrils the breath of life (oxygen) and man became a living soul. Nor can animal life be maintained for a single hour without it. The first gasp of the new born is for oxygen, and this instinctive and involuntary struggle continues, without a moment's cessation, at every step of the journey, from the cradle of infancy to the ever-open portals of "that pale realm from whose bourne no traveller returns."

Nine-tenths of all the curable diseases with which the human race is afflicted are the direct results of deprivation; they are genuine *toxicoses.* Each individual nurses within his own breast the poisoned arrow which finally slays him. All the habits, fashions, and tendencies of our modern civilization lead to physiological robbery, physiological semi asphyxia. The poor are "hovelled and hustled together, each sex like swine," while the rich vie with each other in devising costly mausoleums in which to immolate themselves.

The race, as a whole, ekes out but half its possible days on earth for want of better air—oxygen. All the processes of animal life go on by the aid of, and are incessantly presided over by, omnipresent and well-nigh omnipotent element.

It may be urged that the natural atmosphere contains the true normal and sufficient proportion of oxygen for human consumption. Granted, but what proportion of the human race, living under civilized conditions, is fortunate enough to experience even an occasional breath of "natural atmosphere," untainted by floating germs, smoke, dust, or nauseating odors? Even on the frozen summits of the Alps, TYNDALL detected floating motes and impalpable impurities; while the air of towns and cities is constantly loaded with noxious, though often invisible, organic and septic particles. The mansions of the wealthy residents afford no immunity. The heavy carpets and soft upholstery furnish lurking lodgment for clouds of dust-particles, which every movement of occupants or air currents set afloat, to permeate every available cubic inch of the "natural atmosphere," in every room in the house. Even if those whose waning energies show the subtle but sure deterioration going on be temporarily sent to the mountains or on sea-voyages, they must spend much of their time in cramped and unventilated hotels or dwellings, or in the crowded cabins of noisome steamships, where no breath of "natural atmosphere" is ever tolerated.

Thus pages might be filled with apt and applicable illustrations from everyday life, to prove the necessity for, and adequacy of, an increased proportion of oxygen, in our efforts to overcome the disastrous results of evil influences and untoward surroundings which

cannot be wholly escaped in any thickly settled community. Oxygen burns up waste, effete, and deleterious organic matters retained in the system, or taken into the lungs during respiration. It supplies to the blood and tissues one of the chief elements of nutrition. It dissolves and eliminates morbid deposits and infiltrations. It is the one purifier of the blood, *par excellence*. Hence it is available in nearly every form of chronic disease, and in many acute conditions.

True, there are yet difficulties in the way of its general use, but there is no reason why enterprising practitioners, who are not already too severely overworked, or who are not too shiftless or indolent to incur the necessary preparation and painstaking, should long be without facilities with which to avail themselves of this potent therapeutic agent. Its use has long enough been surrendered to advertising quacks. *It is time the regular profession rescued it from the smirch of charlatanry which has, to some extent, heretofore attached to it.*

NITROGLYCERIN, STRYCHNINE, AND ERYTHROXYLON COCA IN THE TREATMENT OF ACUTE ALCOHOLISM.—In treating acute alcoholism, we often meet with a case in which, though no spirituous liquor has been taken during the previous ten or fifteen hours, the patient cannot stand erect without feeling a lightness in the head, an inclination to reel and fall. Perhaps this disposition to cerebral syncope is so marked that the patient cannot even lift his head from the pillow without bringing on an attack. In connection with this cerebral anæmia and consequent syncope on raising the head, there is very often a sinking sensation about the heart, a sensation of insecurity, of impending heart failure, and a morbid fear that death may occur at any moment. In this class of cases, we have the heart exhaustion of alcohol (secondary), the increased arterial tension of the cerebral blood-vessels (secondary), due to alcohol, and, the aggravated cerebral anæmia (arterial), arising from these causes—an exhausted heart and high tension. Here chloral would mean murder, bromide of potash would be but little less injurious, the other bromides inferior to even a stimulant dose of morphine, digitalis too slow, and even then not wholly indicated. The nitrites alone fill the complete indication. Nitroglycerin, drop doses of the one-per-cent. solution dropped on the tongue, is *the* remedy, and the relief obtained from it is speedy and certain. Supposing you were called, as we were this forenoon, to a patient presenting the above indications, the dose may be repeated every two or three hours until you call again late in the afternoon; on your second visit you will find that he has given up all fear of dying, and, as was our experience to-day, that he is enjoying a good sleep without, as we have seen, having been bromized or hypnotized for that purpose.

Theoretically, we would prefer smaller doses, drop doses of a half- or quarter-per-cent. solution, repeated oftener, because the rationale of the treatment lies in this, that we wish to combat the secondary effect of alcohol on the heart, arteries, and cerebral blood supply, by pitting against it the primary effect of nitro-glycerin on the same. Remedies that increase heart power in minimum doses, depress the heart in maximum doses, in doses sufficient to produce secondary effects; consequently, our doses of nitro-glycerin should not be large enough to produce secondary symptoms.

We have already remarked that digitalis was not wholly indicated in the foregoing case; we will, however, put it stronger, and say that the case did not present a single indication for digitalis in ordinary doses. If now we compare the action of alcohol, nitro-glycerin, and digitalis on the heart and arteries, we will readily see the reason why:

Alcohol in maximum doses, is a muscle poison, and, like all remedies that affect muscular rather than nervous irritability, inhibits the heart in diastole.

Nitro-glycerin and the nitrites belong to the same class, muscle poisons (heart), and in maximum doses, inhibit the heart in diastole.

Digitalis in maximum doses is a poison to the nervous rather than muscular system of the heart, and inhibits the heart in systole.

Alcohol in small doses (primary effect) increases the number of heart beats, lowers arterial tension, and induces cerebral congestion.

Nitro-glycerin, in small doses (primary), does the same, but the effects are more marked, rapid, and perhaps, evanescent.

Digitalis in minimum doses, produces an effect (primary) the direct opposite to the foregoing; it slows the heart and increases arterial tension. The indications for ordinary doses of digitalis, then, are a rapid pulse with low tension of the heart and arteries, and are met with in the primary stage of acute alcoholism if at all. Alcohol in small doses is a heart *stimulant;* digitalis a heart *tonic*. A stimulant stimulates to exhaustion; a tonic tones down, slows to steadiness and strength. The difference, then, between tonic and stimulant indication, is more than appreciable; a tonic may be needed to tone down stimulation, but a stimulant is needed to rouse from exhaustion.

Alcohol, in maximum or long-continued minimum doses (secondary effects), slows the heart, increases tension by eliminating vaso-motor impulse (thus allowing the vessels to contract in virtue of ther own resiliency), induces cerebral venous stasis, and finally, produces diastolic arrest.

Nitro-glycerin, in maximum doses (secondary), accomplishes the same ends, but by a slightly different mechanism.

Eigitalis, in maximum doses (secondary), increases the number of heart beats, and lowers arterial tension.

Thus it can be readily seen that the effects of small doses of nitro-glycerin are the direct opposite to those produced by large doses of alcohol; or in other words, the primary action of nitro-glycerin antidotes the secondary effects of alcohol on the heart, vessels and cerebral blood supply. Consequently, in treating these secondary effects of alcohol by nitro-glycerin, the dosage of the latter should be only large enough to call forth the bare primary manifestations.

Again, we notice that the secondary effects of digitalis are, symptomatically, the very opposite of the secondary effects of alcohol. Consequently, in treating the secondary stage of acute alcoholism by digitalis, lethal doses, tea-

spoonful doses of the tincture, are needed. This latter practice, though sometimes successful, is neither well founded nor scientific. Sound practice always antidotes the secondary effects of one poison by the primary effects of another; empiricism, however, is pleased with anything that gives even a shadowy success, no matter what be the risk.

It is evident from the foregoing, that patients suffering from acute alcoholism will obtain brief, though questionable, relief from small doses of alcohol. The laity, knowing this from experience, have, on that account, acquired the idea that spirituous liquors should not be withheld at once from such patients; but, they should be allowed to "taper off" with small doses. Indeed, there are many within the profession, too, who appear to entertain the same opinion; or who, to say the least, knowingly pander to the preconceived popular opinion, and thus, unwisely become the apostles of an egregious error in practice. We have often been called to alcoholic patients who after some previous drunk, have been treated in that way; or, who knew of some personal friend who had "snakes in his boots," and recovered under the same treatment, or rather in spite of it. Such patients will say, "when I was on my last 'bang,' Dr. So-and-so allowed me so much whiskey per day;" or, "the doctor allowed SMITH so much to taper off with, and I think, doctor, you had better let me have some." This is not only annoying to the physician who knows that alcohol should be withdrawn at once in *every* case, and conducts himself accordingly; but it is also detrimental to both physician and patient; because the craving appetite of the latter, granted by a former professional attendant, may lead him to undo in an hour, all that has been done for him in ten. There is no use in arguing with such a patient; he will only confront you with the known, but reprehensible, practice of a brother physician. Authoritatively proscribe spirituous liquors, and supply the patient at once with a stimulant, suitable to the stage of the disease and the indications of the case.

As a matter of fact, as we have already seen, nitro-glycerin will readily replace alcohol wherever and whenever this latter might be used as a cardiac and cerebral stimulant. One drop of the one-per-cent. solution is more than the equal of one ounce of brandy in such a case. A stimulant of this special class is not needed in acute alcoholism, however, until the secondary depression is well on; then, according to our experience in a number of cases, nitroglycerin is the remedy.

Previous to the above stage, that is in the stage when the craving for alcohol is at its height, when the liquor has more than half died out in the patient, dessert to tablespoonful doses of a good elixir of erythroxylon coca will be in order. The elixir should contain at least 80 grains of the dried leaves to the fluid ounce, and be put up by a reliable house. A hypodermic injection of from ⅛ to ½ grain of cocaine over the stomach, may do better to begin with, especially if the stomach be rebellious. After the stimulant effects of the injection have passed fairly off, the elixir may be employed, and if persisted in, will prevent the development of that stage which calls for nitroglycerin. Cocaine and coca, like alcohol, inhibit the heart in diastole.

If the patient be seen still earlier, that is, in in the drunken stage, full doses of liq. strychnia (P. B.) hypodermically will sober him. They will not only antidote the nervous manifestations of alcohol, but they will also tone up the stomach and liver—two organs that require special attention in such cases. In fact, if the patient be seen early in the case and hypodermics of strychnine be persevered in, they will do about all that is needed. They may be assisted, however, as the case progresses, by odd doses of elixir of erythroxylon coca.

There now remains the sense of taste to be gratified—often an imperious demand—and this may be appeased, when feeding the patient, by giving him chicken-broth made *red-hot* with red pepper. Keep a supply of the broth on hand, and give it to him whenever he wants a drink. He will find it grateful to his palate, though it would almost burn the throat out of a sober man.

It would appear from the foregoing that we had forgotten hypnotics and nerve sedatives, chloral and the bromides, but such is not the case. We pass them over because they should have no place in the treatment of acute alcoholism, are not needed when the case is properly handled, and, because chloral hydrate is a particularly dangerous drug in such cases.—*Physicians' and Surgeons' Investigator.*

PROF. J. M. DA COSTA ON THE TREATMENT OF ROSE-COLD AND HAY FEVER BY COCAINE.*—In a communication which I made to the College last December,† I suggested that cocaine ought to be advantageous in hay fever. During the past summer I have had several opportunities of carrying this thought into effect, and, as I see by some very recent journals, others, too, have employed the drug with the same purpose; altogether, I think, it has been sufficiently tested for us to welcome it as a very decided addition to our means of counteracting this most troublesome affection.

The first case in which I became familiar with its use was one of great susceptibility of the nasal mucous membrane, which I saw last spring in a Southern gentleman. It was more like rose-cold, strictly speaking, than like hay fever, but due to the same irritability of the mucous membrane, and always marked and most annoying with early vegetation. A two-per-cent. solution, which I afterward increased for a time to a four-per-cent. solution, gave him such comfort and relief, that I had some difficulty in inducing him to discontinue the remedy. He said that its local employment not only soothed the intolerable irritation and stopped the sneezing fits, but exerted a quieting influence over his whole nervous system, similar to what he experienced from small doses of morphine, to the influence of which he was very sensitive.

One of the most striking instances of success I had with cocaine was in a young lady who had been for four years a great sufferer with rose-cold, which always came on about the middle of May, and lasted until June. Later it became a hay fever, and attacks of troublesome asthma complicated the disorder during

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* Read before the College of Physicians of Philadelphia, October 7, 1885.

† Published in the Medical News of December 13, 1884.

the summer and the early autumn, especially in the latter part of July and August She is a young lady with a sound digestion, and calm nervous system. It has been her habit to leave her country home in summer to go to Newport, whence generally, after a month's struggle with asthma, she has been obliged to move to some of the hay fever resorts in the White Mountains. Her eyes and nose suffer much in the earlier stages of the complaint; there is, however, no sore throat. Later a bronchial affection and asthma appear. The main complaint in the earlier stages is from the intolerable sneezing. This occurs especially in paroxysms in the morning, and is apt to stop after breakfast, although on cool days it often continues all day long. There is, also, especially under such circumstances, much running from the nose All her pleasures have been interfered with, and her life in summer rendered very miserable by the complaint. She had tried many remedies, both local and general, without effect. Late in May I prescribed cocaine for her, a four-per-cent. solution, telling her if she had any throat irritation to apply the remedy also to the throat. This she did not find necessary; the cocaine injected every morning into the nostril by means of a medicine dropper, about five drops in each nostril, gave her prompt relief. It arrested at once the sneezing fits, and she was comfortable, even free from coryza, all day Once in a while, especially on cool days, a second application in the afternoon was resorted to, but this was rarely required. The numbness from the application lasted about 15 minutes, and she perceived it more in the throat than in the nose. The most gratifying result from the use of the remedy was, that it prevented the asthmatic seizures.

She passed her summer at Newport without discomfort, only employing the cocaine after a time occasionally, and as she thought she needed it.

The cocaine employed in these and other cases was a four per-cent. solution. A weaker solution, I am convinced, rarely does good. A stronger solution may be found necessary, and, before abandoning the remedy as ineffectual, I should always advise an eight-per-cent. solution to be tried.

In one case in which I applied a four-per-cent solution, cocaine had previously been used, but, I have reason to think, in a much weaker form. The patient, his physician told me, had had hay fever most violently for 15 years. He was known all over the West as the "hay fever man." He had tried everything; cocaine, too, had failed to relieve him. The attack came on always on the 17th of July, and lasted, with great severity, for months, some bronchial catarrh, but very little asthma, accompanying it. On the 26th of September he tried a four-per-cent. solution in the evening, and slept that night comfortably for the first time for months. He has since used from five to eight drops, thrown up the nostrils with a medicine dropper every evening, and always with the best results. He does not like to resort to it in the daytime, because he finds that the fluid passes down his throat, benumbs it, and makes his speech difficult.

Other than the effect just mentioned, I have not seen any unpleasant result from its use. I must, however, except the case of a young married lady, who found so much relief to her hay fever from the local use of a four-per-cent. solution, that she employed it a number of times daily. The consequences were increased vascular tension and violent and distressing headache.

There is, undoubtedly, an insusceptibility—in some a varying susceptibility—to cocaine locally used. Thus, in an elderly lady with rose-cold, in whom no local remedies act speedily, a four-per-cent. solution produced very little impreesion. I meant to try an eight-per-cent. solution, but, as she left the city, I had no chance, and am thus forced to record this as a failure.

The manner of employing the cocaine is not without importance. It may be used with a small atomizer as a spray. But the readiest means is to inject from five to eight drops up each nostril, the head being thrown backwards; in some persons once, in most, twice daily will be found sufficient. It will be necessary to instruct patients not to irritate the membrane by rubbing it needlessly with the glass tube, or pushing this up too far. Thus a patient who had hay fever for 13 years, and who was at the seashore on the 17th of August when the hay fever came on, and in whom tincture of ignatia amara seemed favorably to influence its course, tried cocaine in one nostril only. He inserted the tube far up, irritating the membrane, and water ran from that nostril, which became sorer and more inflamed than the other. More judicious attempts produced better results, but he could not be persuaded to give the remedy a fair trial, owing to his first experience with it.

Its mode of action in hay fever is partly by the local insensibility it produces, partly by the contractions of the capillaries it induces. The effects are thus chiefly local. It will not arrest the bronchial catarrh or the asthma, which attend some cases; yet it is astonishing how it seems to lessen the tendency to those complications when early applied, and before they have got much headway Is its action, then, not partly a reflex action? That the remedy is radical, and, strictly speaking, curative, I have not found; but that it gives great comfort, converts bad into light cases, enables those to stay at their homes who otherwise are obliged to flee to hay fever resorts, relieves much suffering and distress, I know and have fairly tested. In no case of rose-cold or hay fever ought cocaine to be left untried.—*Medical News.*

ELEVATION OF THE ARMS AS AN INDICATION OF PERITONITIS.—HENRY A. LEDIARD, F. R. C. S, Eng., Surgeon to the Cumberland Infirmary, writes:

There are various circumstances rendering the attitudes assumed by the sick of great diagnostic value. It may be that extreme restlessness, delirium, or fear, may prevent accurate noting of the pulse, temperature, respiration, or even physical examination of diseased organs. Again, deaf-mutism, malingering, a foreign language, etc, may further entail difficulties in diagnosis which might be in some measure overcome by the observance of a well-established position pathognomonic of a disease. I have in this short note to allude to one disease and one posture only, which seem to be rarely dissociated, at least in the adult, for many years have passed since I was first struck

with a posture which I have generally found to be a truthful indication.

On November 19, 1871, a waiter, æt. 22, was brought into the Edinburgh Infirmary, under the care of the late PROFESSOR SPENCE, whose house-surgeon I then was. The patient had been stabbed in the abdomen, and a foot of small intestine was protruding. On the day following admission the patient was noticed to keep his hands above his head, with the elbows out—*i.e.*, in a position often assumed when one is lying on the grass in summer enjoying the sounds of nature. Subsequently, but within 24 hours, he was observed to raise his left thigh; finally, the hands were constantly behind the head, and the knees completely drawn up. Death occurred on the fourth day from general peritonitis.

In peritonitis following the operations for hernia, gastrotomy, ovariotomy, ruptures of the bowels following violence without external mark, and in puerperal peritonitis, I have constantly observed the position taken by the patient to be similar to that I have described. The rising of the arms is, in my belief, coincident with the commencement of peritonitis, and when the inflammation is at its height the hands will be clasped behind the occiput. The explanation is simple enough: the object being to lift all pressure from the distended bowels, the respiration becomes thoracic and the diaphragm fixed; by raising the arms the pectoral muscles elevate the ribs, and more room is thereby allowed for lung expansion; the raising of the arms moves the scapulæ upwards and fowards, and the serratus magnus being drawn upon still further, tends to relieve the thorax from pressure, whilst the dorsal position of the trunk, with an extended spine, favors respiratory movement.

It is more than likely that what I have directed attention to has been fully described already; indeed, the position of the arms may have been duly noted by others, but not thought worthy of special remark. In the text-books on nursing I have glanced at, however, I find no notice taken of the elevation of the arms in peritonitis, whereas the drawing up of the knees is not omitted. My opportunities of observing peritonitis in children have been too few to enable me to make any statement.—*London Lancet.*

THE CURE OF ANGINA PECTORIS.—In the Bulletin Générale de Therapeutique, for September 30th, HUCHARD has an important communication on this subject. In the first place, he distinguishes most carefully the pseudo-anginal attack from the true, and his remarks upon treatment apply to the latter alone. He regards the disease as an affection of the arteries of the heart, and not a cardiac neurosis, and quotes numerous facts in support of his position. As adherents to this view he claims GERMAIN SEE, POTAIN, and others, and even LANCEREAUX, who formerly regarded it as a neurosis. Perhaps the majority of writers on the subject are of the opinion, which has had numerous supporters since the days of EDWARD JENNER, that the actual lesion of the disease is in the coronary arteries.

An arterial malady must be met by arterial medication, and as the blood-pressure is always increased in the affection, all remedies which heighten the vascular tension must be avoided, as ergot and digitalis. He refers to a curious observation of WESLEY MILLS, in which anginal attacks followed the local application of ergot. For the relief of the paroxysms, we have at our command amyl nitrite and nitro-glycerine, which cause vaso-dilatation, lowering of the blood-pressure, and increase in the vigor and frequency of the heart-beats. They relieve the angina alone, and are in no way curative, but HUCHARD believes that the iodides possess the means of so modifying the arterial condition, that a positive cure may be effected. In 1883 he reported six cases which had been greatly benefitted by their use, and since then he has had twenty-five patients under his care, of whom fifteen had recovered completely, six have been much improved, and in four cases the effect of the treatment was negative. The possibility of any of these being pseudo-anginal cases was carefully excluded. This brilliant result he attributes in a great part to the action of the iodides on the sclerosed coats of the vessels. The chief element in success is perseverance in the treatment for many months, at least fifteen to eighteen; from fifteen to forty-five grains of the salt are taken daily, until some months have elapsed from the last attack. The administration of the drug may be kept up for as long as three years, to insure durable and certain recovery. He prefers the iodide of sodium for prolonged use, as the potassium salt, when employed for many months, has a weakening effect upon the heart; moreover, it is better borne and more readily assimilated.

Details are given of six cases, in which the results of the treatment, as narrated, are truly remarkable, and certainly justify the prolonged trial of the remedy in this terrible affection. The usual care must, of course, be exercised in these cases to regulate the diet, and remove all sources of mental worry and disturbance. The four cases of failure show that the remedy is not always curative, but in such instances the arteries may be in a state of calcification and past medication.—*Medical News*, November 28, 1885.

FLUID EXTRACT OF RHUS AROMATICA IN INCONTINENCE OF URINE.—I wish to mention in your journal a medicine which I claim is a specific for what I use it.

During my course of lectures, in 1881, in the Eclectic College of Georgia, PROF. I. J. M. GOSS, of Marietta, Ga., would frequently speak of fluid ext. rhus aromatica in diabetes, bed-wetting, and other urinary diseases. After I returned to my home at Fort Valley, Ga., I had several occasions to use it, and especially on two cases that had been under my treatment for twelve and twenty-four months—æt. forty and fifty years—were very weak and debilitated, and could hardly work at all. I prescribed rhus aromatica in both cases; in three weeks they pronounced themselves well.

I also treated other similar cases. I will mention here one case of bed-wetting:

MR. E. A. M—— called on me to treat his little girl, three years of age; said she had been troubled all her life, and could get nothing to do her any good. I prescribed fl. ext. rhus aromatica, eight drops four times a day. MR.

M—— told me ten days after that she had not been troubled any more after the second night she began taking the medicine. Since that time I have treated quite a number of cases, and have never failed to cure a single one.

This remedy has other curative properties outside of that mentioned.

CHARLIE MCA—— applied to me, January 15, for treatment. I found him with cystitis or inflammation of the bladder. On testing his urine, I found it contained large quantities of pus, epithelial scales, and coagulated fibrine. I prescribed various preparations, but without any relief. In two months he became dissatisfied, and called two physicians from Columbus. They attended him until the first of July, and he was still no better, and confined to his room. He again sent for me. I prescribed:

℞ Oil erigeron. ʒ ii.
Pulv. gum arabic, ʒ ii.
Sacch. albi, ʒ iii.
Spts. lavender comp., ʒ ii.
Aquam font. ad. q. s., ℥ ii.
Misce et.
Sig.—Teaspoonful four times a day.

℞ Fl. ext. rhus aromatica, ʒ ii.
Sig.—Half a teaspoonful three times a day.

He began to steadily improve, and to-day is a live merchant in Crownville, attending to his own business.

I don't mention this medicine as a new remedy, but because it has never failed to cure when I have prescribed it, and, being one of my hobbies, would ask all physicians who have not done so to try it.—DR. J. V. HOBBS, in *Ga. Eclectic Med. Jour.*

DIAGNOSTIC VALUE OF THE WHITE STREAK IN SCARLATINA. (L'Union Méd. du Canada [Abeille Méd.], June, 1885).—This phenomenon, which can be produced by rubbing a soft body upon the skin which is affected with the scarlatinal eruption, is considered by the author an important diagnostic sign of scarlatina which has hitherto been overlooked. When, in the normal condition, one draws a line upon the skin with a smooth surface, as the rounded extremity of a pencil, and uses moderate pressure, there may be observed at the points touched a white line which lasts for some time. This paleness is due to the moderate excitation of the vasomotor nerves, and the contraction of the small vessels which follows it. If the pressure has been very strong, in place of a white line a red line bordered by two white ones is produced. The excitation in this case has paralyzed, temporarily, the small vessels in place of contracting them, while in the area which is contiguous, where the pressure has been less strong, the excitation has led only to constriction of the vessels. In certain diseases the effects which are obtained by this procedure vary greatly. TROUSSEAU, for example, has shown that in patients suffering from meningitis, a red line is produced by pressure with the greatest ease, and this has been called the meningitic line. It may also be produced in all the diseases which lead to perturbation of function in the nervous system. Thus, it may be produced in many cases of typhoid fever, in erysipelas, variola, rubeola, and the diphtheritic eruptions. But it is not the same in appearance in scarlatina during the entire period of the eruption. In place of getting the red meningitic line, a pale, rather persistent line, is produced, which extends plainly to the bottom of the eruption. This fact was long ago noticed by BOUCHUT, and was considered a valuable sign as a means of diagnosis, both in children and in adults. It is not equally prominent and distinct at all periods of the eruption. VELPEAU having observed that it is not produced when the efflorescence of scarlatina is at its highest degree of development. In the diphtheritic eruption which resembles that of scarlatina accompanied with angina, the excitation of the skin produces a red line and not the white one of scarlatina. This sign is especially valuable in those cases of measles in which the eruption closely resembles that of scarlatina. The same is true of variola in which our differential signs are often absent. It must be borne in mind that the important feature in making this test is that the white line appears upon the surface which is covered by the eruption.—*Archives of Pædiatrics.*

STROPHANTHIN, THE NEW DIURETIC.—PROFESSOR FRASER'S paper on strophanthus hispidus, read in the Section of Pharmacology and Therapeutics, at the meeting of the Association at Cardiff, places us in possession of a new and valuable heart-remedy and diuretic. It appears that the drug is extensively used in many parts of Africa as an arrow-poison. In the Manguaga district, near the Zambesi, it is called "kombé," whilst in Senegambia and Guiner. the name "Inée" is more commonly employed. DR. LIVINGSTONE, in his Narrative of an expedition to the Zambesi, refers to this poison, and says the arrows are usually made in two parts. "An iron barb is firmly fastened to one end of a small wand of wood, 10 inches to a foot long, the other end of which, fined down to a long point, is nicely fitted, though not otherwise secured, in the hollow of the reed which forms the arrow-shaft. The wood immediately below the arrow head is smeared with the poison. When the arrow is shot into an animal, the reed either falls to the ground at once, or is very soon brushed off by the bushes, but the iron barb and poisoned upper part of the wood remain in the wound. If made in one piece, the arrow would often be torn out, head and all, by the long shaft catching in the underwood, and striking against trees." The plant which yields the poison belongs to the Apocynacæ, and has been described and figured by PROFESSOR OLIVER, of Kew, under the name of Strophanthus Kombé. It is a woody climber, and flowers in October and November. The follicles vary in length from 10 to 12 inches, and contain from 150 to 200 seeds, each weighing about half a grain, and bearing a beautiful plumous tuft, placed at the extremity of a delicate stalk. They contain no alkaloid, but are rich in an active principle, which DR. FRASER calles "strophanthin." This is a crystalline substance of intense activity, which seems destined to play an active part in our list of heart-remedies. In physiological action it is allied to digitalin and other members of the digitalis group. It has been used, both experimentally on animals, and

clinically in the wards, at the Infirmary at Edinburgh. The dose for hypodermic use is from the one hundred-and-twentieth to the one-sixteenth of a grain. In the discussion which followed the reading of DR. FRASER'S paper, DR. MURRELL pointed out that the introduction would serve to commemorate, in a way which would otherwise be impossible, the centenary of the publication of WITHERING'S classical work on The Foxglove and Some of its Medical Uses.—*Brit. Med.*, August 8, 1885.

THERAPEUTICS OF JABORANDI.—M. PETITHAN, in a paper upon the therapeutic uses of jaborandi, claims its efficacy in the treatment of the following diseases:

1. In all catarrhal and rheumatic affections, subacute or chronic, whatever may be their localization.
2. In all dropsical conditions, without alteration in the kidneys, when anæmia is not too marked.
3. In certain cases of pernicious intermittent fever in which reaction is hastened without affecting the action of quinine.
4. In malignant febrile exanthemata, especially in scarlatina.
5. In diseases of ths skin characterized by dryness, psoriasis, etc.
6. In chronic syphilitic diseases during the employment of mercury and the iodides.
7. In mercurial intoxication.
8. Probably in diphtheria.

The remedy, according to M. PETITHAN, should be used as follows:

1. It should be administered when the patint is sleeping.
2. The dose should vary according to the case, 60 grains being an average quantity.
3. The temperature of the infusion should vary according to the degree in which the sudorific effect is desired.
4. A local temperature of at least 66° F. should be constantly maintained.
5. The patient should not be permitted to leave his bed on any pretext unless well covered, in order to avoid variation of temperature and syncope, which may result therefrom.
6. Warm drinks should be administered if the patient is thirsty, a condition very rare owing to the salivation produced by the drug.
7. The employment of a good quality of the drug, that of Coutinho being the best.
8. To have at hand stimulants such as ammonia, etc., to sustain the patient.
9. If necessary to administer an antidote, M. PETITHAN suggests the employment of belladonna.—(*Bulletin général de thérap.*) *Medical News*,

COCA FOR THE ALCOHOL HABIT.—In an address delivered before the State Medical Society of Pennsylvania, DR. WM. F. WAUGH, of this city, related several cases in which he had succeeded in substituting the use of coca for alcohol, in inebriates. He experienced some difficulty in preparing the coca in a form which would be acceptable to this class of patients. At length this was surmounted by DR. CHAS. L. MITCHELL, of this city, pharmacist, who has devised a form of the leaf which resembles a plug of tobacco, and is used in a similar manner. He calls it *coca-bola*, and it appears well adapted to the purpose.

The question remains, whether anything is gained by the substitution. It is familiar to physicians that in a certain number of cases of inebriety the opium habit can be substituted for that of alcohol. We remember hearing this taught as a student a quarter of a century ago. But only in exceptional cases would a physician's conscience allow him to make this substitution. In most, the remedy would be worse than the disease.

Is it different with coca? A number of cases have been recently published in which its intemperate use has led to a complete breakdown of the mental and physical powers. This is no new thing. It may not be generally known, but it is an historical fact that for a long time, while Peru was a Spanish colony, the cultivation of coca was prohibited on account of the disastrous effects the indulgence in it had brought upon the population. No one can partake of such powerful nervines in large quantities for a long time without undermining the nervous system. In the present tendency to exaggerate the effects of the alcohol, we may introduce some other element yet more potent for mischief.—*Med. and Surg. Reporter*, November 31, 1885.

DIRECT INTESTINAL MEDICATION BY DIELECTROLYSIS.—M. A. BRONDEL, of Algiers, brought foward a novel plan of medication at a recent meeting of the Paris Académie de médecine ("Rev. méd."). By the term dielectrolysis (*delectrolyse*) he refers to the process for making a nascent chemical pass through the tissues. For example, taking iodine, a body which is readily "dielectrolyzable," he applies to any desired part of the person a compress wet with a solution of iodide of potassium, and over it places the negative electrode of a galvanic battery, the positive electrode being held against any indifferent part of the body. The iodine leaves the potassium, and, actually traversing the intervening tissues, rapidly arrives at the positive electrode, as may be ascertained by testing with starch-paper. In effect, therefore, this is a hypodermic, or rather interstitial (*intra-organique*), method without wounding the skin or producing pain. As a great number of simple bodies may thus be made to penetrate from one point to another, the practical applications of the new method may be very numerous and very important. By it the author has cured fibrous tumors of the uterus, a case of perimetritis, a rheumatic ovarian neuralgia, and several cases of chronic rheumatism. He has in view further trials upon parasitic and malignant tumors, diseases of the skin, syphilis, neuralgias, etc., and especially pulmonary consumption, on which latter he proposes to try the action of various mineral antiseptics, such as arsenic, mercury, fluorine, etc.—*N. Y. Med Jour.*, Nov. 31, 1885.

EXTRACT OF WILD CHERRY BARK AND CHLOROFORM INHALATION IN STRYCHNINE POISONING.—DR. GEORGE M. KOBER, U S.A., reports a case of strychnine poisoning in a Chinaman. The symptoms were well pronounced, and after washing out the stomach

he administered a tablespoonful of the extract of wild cherry bark, and repeated the dose in 20 minutes; the tetanic paroxysms diminished in frequency and force, and were readily controlled by the inhalation of chloroform. The alarming symptoms in the case lasted, however, nearly two hours, yet there was evidence of progressive improvement, and the immediate effect of the wild cherry pointed to an antagonistic action. After the expiration of two hours, the only remaining symptoms observed were involuntary twitches and a feeling of stiffness in the muscles, for which potass. bromide and chloral were given with good effect; 15 grains of the former and 10 grains of the latter soon induced rest and sleep for a few hours. The patient recovered perfectly in two days, complaining only of being tired during this time.

His reason for not publishing the case before, was the insufficient evidence of the fact that the extract of wild cherry bark proved absolutely antagonistic to the action of strychnine. The stomach had been thoroughly evacuated, the quantity of the poison introduced was unknown, and the effects of chloroform inhalation cannot be overlooked.

He has seen in recent years no authority of weight for the use of hydrocyanic acid in strychnine poisoning, but the subject is sufficiently important to experiment on animals and thus determine whether the extract of wild cherry bark possesses advantages over prussic acid.—*Jour. Amer. Med. Asso.*, Nov. 30, 1885.

HYDRASTIS IN DYSPEPSIA.—The American remedy, hydrastis, though not officially recognized, has, more especially of late, been successfully employed in various diseases. That in this drug we have a therapeutic agent of great precision, efficiency, and manifold virtues, I have not the slightest doubt. Permit me to direct attention to its value in small doses in certain forms of dyspepsia. Given in drop doses of the tincture (made with proof spirit) three or four times daily, between meals, is the mode of administration I would recommend. Larger doses often produce aggravation of the symptoms of diarrhœa. In my experience there are three kinds of dyspepsia to which it is applicable. The first is the dyspepsia of females, characterized mainly by pain and sinking at the epigastrium, nausea, and constipation, and associated with general debility, nervousness, wandering pains, and possibly leucorrhœa. The subjects of this variety are often intolerant of large doses of bismuth and other orthodox remedies; but, unless marked anæmia exists, they will speedily regain health and strength under the influence of hydrastis, which acts like a specific. The second form of dyspepsia which is often greatly relieved by this drug, is that associated with certain constitutional diseases, particularly phthisis and malignant disease. Lastly, it is of signal benefit in the dyspepsia resulting from the abuse of drugs and alcoholic stimulants.—A. G. AULD, M. D., in *London Lancet.*

CURARE IN EPILEPSY.—KUNZE has treated thirty-five epileptics with curare, and nine of those with complete success. His published observations go to show that a complete cure may be obtained in grave cases, even when the attacks have occurred for years and the mental faculties are affected. The following is his formula:

℞ Curare, .50 centigrammes.
Distilled water, 5. grammes.
Hydrochloric acid, 1. drop.

Allow this to digest for twenty-fours hours and then filter.

Sig.—Inject hypodermically one third of this solution every fifth day.

The injection is not painful, does not produce any reflex symptoms, and has never given rise to phenomena of intoxication. It is always necessary, however, to assure one's self of the purity of the curare before employing it.

PROF. POLEFSEN was led to employ KUNZE'S formula and in two cases of hystero-epilepsy obtained no result. In six other cases he obtained a permanent improvement, in seven a cure, and in three a suppression of the attacks for several months. KUNZE abandons the treatment if improvement does not show itself after the fourth or fifth injection.—*Physician's and Surgeon's Investigator*, October 15, 1885.

ACUTE RHEUMATISM—COLD SPONGING.—R. HINGSTON FOX, M. D., M. R. C. P., writes: The communication by my friend, DR. W. J. MACCIE, in the Journal of September 26th, on the failure of salicin and the salicylates in certain cases of acute rheumatism, reminds me of a case which may be worthy of brief mention.

BESHARA BEY, M. D., Friends' Hospital Brumana, Mount Lebanon, in a recent letter to me, described a severe case of rheumatism, in which salicylate of soda, potash, quinine colchicum, and liniments all failed to relieve the fever and the pain. Almost in despair, he sponged the patient with cold water, quickly drying the skin afterward. The relief was immediate, and the man was able to walk a short distance to his home in six days from that time. DR. BESHARA wrote that he had used the same treatment in two other cases with success.

I am aware that this is no new treatment, although seldom used; it is one which requires some courage to practice; and yet may be well adapted to certain severe cases in which the salicylic remedies are ineffectual.—*Brit. Med. Jour.*, Oct. 10th.

ANTIPYRIN AS A SEDATIVE.—I have found antipyrin useful to produce sleep in two cases of typhoid fever, and in several cases of pyrexia in young children.

In the two cases of typhoid fever, 15 grains were given at 9:00 p. m., 7½ grains at 10:00 p. m., and 7½ grains at 11:50 p. m. The result was reduction of temperature from 104° F. to 105° F. to about normal, and good refreshing sleep for five or six hours.—A. WALKER, M. D., in the *British Med. Jour.*, Nov. 7, 1885.

THE THERAPEUTIC VALUE OF CIMMAROMA.—The pulp of the cimmaroma, a plant found both in the Brazils and in Spain, is said to be valuable as a laxative, 10 grains of the alcoholic extract being sufficient to produce an action of the bowels. Mixed with vinegar and water, it is used by the natives of Brazil for erysipelas.—*Med. Rec.*, Nov. 17, 1885.

The Medical Age.

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Original Articles.

RESUMÉ OF BACTERIOLOGY AND DISINFECTION.*

BY J. E. CLARK, M.D., F.C.S., DETROIT, MICH.

Synchronous with our advancing knowledge of the ætiology of disease the methods for its prevention and cure increase, entailing upon physicians and sanitarians still greater earnestness in the knowledge of everything pertaining to therapeusis and the allied sciences—sanitation and hygiene.

"The shield is greater than the spear." To treat a case of sickness *secundum artem* is well, but to possess and exercise the knowledge which will prevent or suppress it is admirable. This is the commendable aim of the present noble army of sanitary scientists who, accepting the germ theory of disease as proven, are rapidly reducing to a minimum the encroachment of many specific infectious and contagious diseases. He who at the present time fails to recognize the importance to the public health of good sanitation, is not in harmony with the spirit of the age We cannot ignore improved methods, but as true conservators of the public weal should teach that filth is the great breeder of disease; that "dirt is matter out of place;" that "filth is foul matter never in place," and that it furnishes the nidus for the cultivation and perpetuation of contagious and infectious diseases. Filth may exist without disease, but disease is seldom present without filth.

Dip a microscope slide in distilled water and hold it over a dead rat or mouse or other animal lying on our streets after decomposition has set in, return it under your objective and you will be surprised at the revelation. You will discern thousands of living, moving organisms capable of reproduction, which under modifications of environment if not the cause, become unquestionably the propagators of disease. Researches in air and air-dust have shown this to be a medium capable of carrying these or allied organisms known to originate from living germs.

Solar light in passing through a dark room reveals its track by illuminating the dust floating in the air. "The sun" says DAVID CULVERWELL, "discovers atoms, though they be invisible by candle-light, and makes them dance naked in his beams."

PROF. TYNDALL, in 1868, by a series of experiments of the greatest scientific importance, proved that the particles floating in the air of London were organic chiefly, and that even the air of the country is never perfectly free from this pollution. A casual observer may not notice its presence, but let a powerful beam of light traverse the air of a room and you will be surprised at its optically apparent pollution and contamination. "Nobody could in the first instance, without repugnance place the mouth at the illuminated focus of the electric beam and inhale the dirt revealed there." Nor is the disgust abolished by the reflection that although we do not see the nastiness, we are churning it in our lungs every hour and minute of our lives. There is no respite to this contact with dirt, and the wonder is not that we should from time to time suffer from its presence, but that so small a portion of it would appear to be deadly to man. That many diseases are propagated through the air as a medium is at the present time admitted to be beyond cavil, and if so we should look to these minute particles for an explanation.

Let a ray of light pass through the room containing a person suffering from small-pox; in this illuminated beam the dancing motes when placed under the microscope show scales of epidermis and numerous particles of matter being the exhalation from the patient, the result of the pathological condition attendant on the disease in the shape of pus and scales, each infitesimal individual particle—if the "Germ Theory of Disease" be true—being the bearer of that specific infectious disease. This theory holds that disease is propagated by living germs, infitesimally minute, and capable of reproduction with amazing rapidity in a proper nidus; that they find lodgment in the the air and mucous passages, increase, pass into the blood if a favorable condition of the system exist, producing changes the result of which is the manifestation of all the phenomena of disease. In its crudity this theory is of no extremely modern conception; to its elaboration, however, many of the world's present greatest scientists have devoted their life-work. The hypothesis that epidemic diseases are dependent for their causation upon the presence of micro-organisms, is at present

*Read before the Wayne County Medical Society.

affirmed by almost every scientist of note who has given the matter consideration.

Among the diseases of animals and man which can be demonstrated without a doubt, to be related to microzooids, are some forms of pneumonia, malignant pustule (anthrax), mouse and rabbit septicæmia, the pip, or fowl-cholera, glanders, tuberculosis, and, most probably, cholera, small-pox, the vaccine disease, etc., and while it has not been proven beyond a doubt that diphtheria, scarlet fever, typhoid fever, and relapsing fever are due to the microzooid, still, the balance of evidence greatly favors this view. The term bacterium or microbe we apply to a class of micro-organisms, or low forms of life, most probably a vegetable organism. A minute speck of matter invisible to the naked eye, which, when present within the organism, by some means, either by its presence as a foreign body, by the theft of foods needed by the subject of their attack, or by the liberation of compounds of a poisonous nature (ptomaine), produce the disastrous results which we call disease.

SEDGWICK says of them: "Their prodigious powers of reproduction; their astonishingly rapid alterations of the media (or environment) in which they multiply, and the occult and subtle chemistry which they employ, these and other mysterious facts of their life history, are sources of profound concern." They are a universal concomitant of animal or vegetable life wherever found; their existence in their varied forms permeates every portion of the universe capable of sustaining it, now harmless, acting the part of a scavenger, hastening oxidation and chemical action, and again being the dread harbinger of disease and death. They consist of a single elementary cell or particle of protoplasm, capable of reproduction by fission (breaking in two), and are divided in three chief forms, viz.: micrococci (globular), bacilli (cylindrical), and spirilli (spiral).

A question has arisen as to whether the term "bacteria" should be used to designate the whole group of micro-organisms, as it has been applied to a single genus only, the term microbe (a little living thing) being offered as a substitute.

The name "bacteria" has, however, become of universal use as representing the whole group, and is rendered classical by its adoption by DEBARY, who has employed it very lately in the title of an exact botanical treatise.

Accepting, then, the term "bacteria" as representing the whole group under discussion, we have a sub-classification of micrococci, bacilli, spirilla, vibriones, and fungi, with certain distinctions. Micrococci (globular bacteria) are small points or specks, easily seen with a good one-quarter inch objective. There are a large number of different species, such as the septic, zymogenic, chromogenic, and the so-called pathogenic or disease-producing. The micrococcus diphthericus is believed to bear the same relation to diphtheria as the bacillus tuberculosis to consumption. Other diseases, such as erysipelas, endocarditis, pneumonia and scarlet fever, are accompanied by a micrococcus, looked upon by many as bearing a causative relation to the special disease with which they are concomitant.

Bacilli (from bacillum, a staff) are slender, rod-like bacteria, frequently occurring in long chains. Among the more prominent bacilli recognized may be mentioned the bacillus tuberculosis, the bacillus of anthrax, the bacillus malariæ, of KLEBS, and those of septicæmia and typhoid fever.

Vibriones are wavy rods found in fluids undergoing putrefactive decomposition, frequently in urine.

Another classification using the term microbe, for the whole class gives us micrococci, bacilli bacteria (resembling bacilli, but shorter and thicker) spirilla, vibriones, and fungi.

They exist under the most unfavorable conditions; boiling water will not destroy all forms, neither will freezing exterminate them. They are said to be of three classes, pathogenic or disease-producing, putrefactive or beneficial hastening oxidation and so-called destruction of organic matter, and those to which so far no particular functions have been ascribed.

The pathogenic, or disease-causing, occur in all forms as either micrococci bacilli or spirilli, but the distinction of the pathogenic and innocuous is *sub judice*. KOCH, of Vienna, discovered a bacillus to which he gave the name of comma bacillus, and claimed to be the cause of cholera Asiatica. The sputa of consumptives furnish a bacillus characteristic of the disease known as the bacillus tuberculosis, in fact, all the diseases previously mentioned furnish bacteria which by inoculation produce symptoms similar to those in the affected organism from which they were originally derived.

The objective point then in view of these facts should be to prevent their increase and multiplication when present, and their development in territories in which they have not gained admission. Among the best known methods for the prevention of the former is hygiene, properly regulated habits, disinfection, cleanliness and vaccination.

Although the pretentious assumptions of FERRAN, in Spain, have had a tendency to prejudice the careless observer against inoculation, the drift of public opinion and scientific research is decidedly favorable to its prosecution. PASTEUR'S claim as to its efficiency as a prophylactic in rabies, while marked by the enthusiasm of a discoverer, may prove an inestimable boon to sufferers. In Brazil and Mexico, those hot-beds of yellow-fever, experiments have been conducted which seem to

prove its efficacy, so much so, that the cotton exchange of Louisiana, have had a memorial introduced into our present House of Representatives, asking for an investigation. When business men lay aside commercial pursuits to enter the arena of preventive medicine it augurs well for the prosecution and development of the methods recommended.

The explanation of the immunity from infectious diseases conferred upon the individual by vaccination is still in doubt, although many theories have been advanced to account for it. PASTEUR assumes that some substance present in the body of a susceptible individual is exhausted during a first attack, and that subsequently this particular germ is unable from insufficient pabulum to multiply. KLEBS and KLEIN support the theory that some chemical substance is produced during the first attack which is antagonistic to its later development. Another theory is that the immunity is due to an acquired tolerance on the part of the living body to the poisonous products evolved by the disease germ introduced by the original vaccination.

GEORGE M. STERNBERG, M.D., U.S.A., in a recent able paper referring to KLEBS' theory, says, "according to this the organisms growing and multiplying in the body during a first attack, produce, directly or indirectly, some substance which acts as a sort of a poison against a second immigration of the same organism. I am inclined to think this theory is in harmony with the facts."

DR. METSCHINKOFF, of Odessa, to say the least, is unique in his explanation of "How immunity is effected through vaccination. He has made an elaborate study of the leucocytes the migratory cells of the blood, and claims that under the microscope he is enabled to see them eating up all foreign bodies, hence the name phagocytes, or eating-cells has been applied to them by the inventor. The "Bipinaria asteridæ," by its translucency permitting the process of digestion and other changes within the body to be seen from without, furnishes the necessary means for observing the functions of these cells, and METSCHINKOFF claims to be able to see these leucocytes eating up foreign bodies and eliminating what they cannot digest. The question naturally arises if they eat up heterogeneous matter, why not microbes. DR. M. A. RUST, of Richmond, in referring to this thoery, remarks: "will METSCHINKOFF'S eating-cells bring a solution? Minds prone to speculation might even at this early hour be led to advance the following theory that the first meal of microbes eaten by the phagocytes may prove so acceptable that in future they will always be ready to consume any number of the same kind of microbes that may present themselves—and this theory would rest on foundations possibly more solid than those of any other theory concerning vaccination put in the field."

A peculiar phase of bacteriology has lately made its appearance, the result of a claim made by a PROF. CANTANI that certain kinds of the innocuous bacteria possess the faculty of completely antagonizing special pathogenic bacteria. In other words the bacterium termo of ordinary putrefactive decomposition is antidotal to the bacillus of tuberculosis. What a world of investigation this opens! Let the professor once demonstrate this beyond peradventure and the laurels of a JENNER are nothing to the immortality which awaits him. In the present state of our science, however, specifics are unknown. It behooves us, therefore, to make use of the prophylactics at hand and await hopefully the further development of the science. Let us destroy bacteria wherever found, and acquit ourselves of responsibility. If our assumption that bacteria are the cause of many of our diseases be correct, then a statement that its spread is comparatively within our control is undoubtedly correct, and in disinfection we have the means to achieve the end.

[TO BE CONTINUED.]

THE BATTLE OF THE CELLS AND THE BACTERIA.*

BY PROF. R. VIRCHOW, OF BERLIN.

The real history of the comma bacillus has shown us how difficult it is to reach a positive result, even with the perfected instruments and methods at our disposal. I think that every impartial observer will admit that I was right in always preaching caution, when by way of hypothesis the parasitic theory was developing beyond bounds. It was really at the moment of the discovery of the bacilli of charbon by POLLENDER, DAVAINE and BRAUELL (1854-1857), of the coccus of variola and vaccinia by KEBER (1868) and of the spirilli of intermittent fever by my assistant OBERHEIMER (1873), that the whole theory of the parasitic causation of disease was habilitated; this I have endeavored to put more clearly in my discourse upon the progress of the art of military medicine, published in the Archives, 1880, Vol. LXXIX, page 207. These were the first proved cases of disease caused by specific germs found in the blood, and the theories, previously vague and hypothetical, had from that time a solid basis.

The Archives have always been open to all advances in that direction. From the investigations of BRAUELL in 1858 and of KEBER in 1868 to the present day, they have contained a whole series of important bacteriological works.

* Translated for the Northwestern Lancet from Le Progres Medicale.

I hope this example will be followed by many investigators and I am willing to continue to favor these investigators. There are still many more to be made. Proof is wanted of the existence of specific microbes for a whole series of infectious and contagious diseases, and particularly very common ones; we are obliged to assume their existence. And yet this proof is only a step on the road to a knowledge of the pathological processes.

It is true that many scientists appear to be unwilling to admit that the proof of the existence of a bacterium or a microbe is not in itself a great result; neither pathology nor therapeutics can be satisfed by it. What advantage has been obtained by the discovery of the spiralli in the diagnosis or therapy of intermittent fever? What has been the effect of the discovery of the micrococcus in the lymph and the internal organs, upon the history of variola and vaccinia? If PASTEUR'S successes with prophylactic vaccination in many infectious diseases had not taken place, the only practical interest of these matters would have been in the Lister dressing, and let us not forget that this dressing proceeded far more from an inspiration of genius than from any preliminary scientific investigations.

Nevertheless the microbes have become the salient point of scientific interest in medicine; they occupy the thoughts and even the dreams of many of the old physicians and all, or nearly all the young ones. Cells are almost forgotten. I cannot resist the inclination to copy here some typical passages from a Paris journal; they embody the actual state of affairs.

"Cellular pathology has lived out its life. Our body is no longer that republic of cells each living a separate life, often dangerous through their ambitious functions, their invading tendencies" to the social body which encloses them. It was a republic dear to the German professor VIRCHOW. Dethroned is your republic great master! It also was arraigned—pathological Tonkinades, and it succumbs under the verdict of fashion—parasitic. Down with the cells! Hurrah for independent organisms, infinitely small, but prolific, with race characteristics, living in different media, coming from without, in peril like the Soudanese in the organism, ravaging it by the right of invasion and of conquest without regard to relationship or alliance" (Le Journal Medical Quotidien, 1885, No. 6, p. 3).

The poor little cells! They had fallen for some time into oblivion. Many of those who rendered the cells miserable by means of their "Abbe Zeiss," in order to see only colored microbes, may think that the cells "ought no longer to be taken into consideration." But they are still there, and to speak frankly they are still foremost. But they are patient, they will wait, their time will come again when medical labors shall have repaired the breaches in the science of botany. Then cellular activity will return to take its place in the first rank among scientific and practical questions.

Perhaps all of this is too much of a generalization, for as a matter of fact the performance begins over again with each new parasite. The parasite is discovered, then the conditions of existence, then comes the question, how does it cause the disease? It is only then that the question returns to pathology, the same as we knew it of old. The history of phthisis proves this admirably. When KOCH found his bacillus, the identity of phthisis with pulmonary tuberculosis with cheesy hepatization, ganglionic tuberculosis with scrofula, etc., was established! This beautiful identity did not last long. Pulmonary phthisis has remained what it was, a complicated process beginning in a thousand ways, sometimes in the mucous membrane of the respiratory tract, sometimes in the interior of the alveoli; sometimes in the pulmonary parenchyma, and producing now inflammation, now specific neoplasms. Whoever wishes to see clearly in this matter must understand a little more than the method of coloring bacilli. The bacillus has advanced the knowledge of tuberculosis so little that in a very little time we have returned to the search for predisposition and immunity, researches which I made thirty years ago. At the meeting of the Physico-Medical Society of Wurtzburg, on February 14, 1852, I spoke of the differences between "phthisis and tuberculosis," and dwelt upon the predisposition to phthisis. All that is forgotten, but I can well say that I see with joy that after the first bacillary enthusiasm there is a quick return to the train of researches which formerly seemed to be the best. Certain expressions appear so familiar to me that it has often seemed to me as if the post-bacillary writers were copying me; but I accuse no one. I have so often spoke of all this in my courses, that the knowledge of these facts has extended into the circle of those who have never read my communication of 1852. I would only point out here that a knowledge of the bacillus, although necessary for the minute understanding of the cause of a disease, explains nothing of the process itself, and does not make useless a special investigation in that direction.

This is still more evident in leprosy. The proof of the existence of bacilli has shut out every other explanation of the disease, but has not brought out any advance in diagnosis, prognosis or treatment. We shall remain in the same position so long as we simply add certain bacilli to the cells of leprosy in the local manifestations of the disease.

What must be explained first of all in pathology is the fight of the cells with the parasitic microbes, or, to make it shorter, with the bacteria. Two micro-organisms are there togeth-

er; on one side the microscopic cells, the vital elements of the body itself, and on the other these fungi, even smaller than the microphytes. Each participant has its individual life, its own activity and peculiar forces. Which is the assailant? How does it make the attack? Does the other resist, and if so, how? Here are problems to solve. It is an old theory that a disease is a combat. SCHULTZ-SCHULTZENSTEIN has called disease a combat between life and death. That did well enough for the Hegelians. But only living beings and not life itself can fight, and death is not a positive adversary but only a negative quality. SCHŒNLEIN understood this well; he represented the living body as fighting against cosmic and tellurial influences. He was not able to clear up the matter, but his views upon the subject of reaction, and the development of parasitic theory in the works of his pupils, show that he touched upon the truth.

We know now certain details about the properties of cells, in addition to that we know about vegetable parasites, but what is not enough. Furthermore the vital reaction of the cell is better understood than the action of the parasite, and that is why scientific interest is attached to the latter. I have defined this question in a communication upon military hospitals and barracks which I made at the close of the war, February 8th, 1871, to the Medical Society of Berlin. I will refer those who are interested in this question to that communication. I brought forward the fact that I made a distinction between the effects produced by the living organism itself, and the effects caused by poisonous substances to which the organism might give rise. The idea is further developed in my lecture upon the progress of military medicine (Ges. Abh., p. 85), and in an article in the Archives, 1830, vol. LXXIP, p. 211. The chemical demonstration of ptomaines has proved the correctness of this view. The question, besides its purely botanical aspect, is becoming more and more chemical.

We must now examine the living cell in regard to its force of resistance and its defensive mechanism. METSCHNIKOFF has done a notable piece of work in describing the entrance of the parasite into the cell and its fate there; he insists on its digestion by the cell. Objections have been raised to this view and with some reason. The author has not given prominence to the energy of the parasitic attack. But it is very evident that he is on the right track. METSCHNIKOFF has the merit of beginning his researches by observations on the lower forms of aquatic life. Small marine animals, either in the adult or larval state, are the best subjects for experiments in this direction.

The question becomes then, I believe, logically one of cellular pathology. There is no need of changing scientific methods in order to assure the new discoveries a place in the domain of actual knowledge. May the new facts be as numerous as possible! Some time ago, I undertook the task, making a careful distinction between etiology and pathology, of lowering toward its proper level etiology, which had been made too prominent by the knowledge of the new microscopic parasites. Let no one think that I despise these causes. Each new discovery in this direction will be welcome to me. But let us not forget that etiology is only the fore-runner of pathology, and that the latter has only completed its task when the complete process of the perturbation of vital activity is brought into light.

CLINICAL LECTURE.

BY HORATIO C. WOOD, M.D., PHILADELPHIA, PA.

An Almost Unique Case of Aphasia.—I have the opportunity, to-day, gentlemen, to show you a most interesting case, a case of aphasia possessing certain peculiarities that render it almost unique, only one similar case being reported in all medical literature. It is exceedingly hard to get an accurate history of the case, as the man cannot speak, but I will endeavor to bring out the salient points of the case before you. To commence with, we have a man without a definite history; at times he gives us indications of having had typhoid fever and that all this present trouble was a sequel of that disease, while at other times he conveys the impression that, being in a great fire, he had a fall, and thus accounts for his present condition. We know that he has aphasia, and just here it is well to remember that we have two varieties of aphasia, the ataxic form, where the patient cannot speak, because he has lost the power of controlling the organs of articulation; and true aphasia, which is dependent upon a brain lesion. The word should properly be confined to this last variety. There is no reason to believe that the ataxic variety exists in this case, for the man seems to have perfect control of his muscles of articulation, so that he truly has a loss of word-memory. There is no failure of intelligence. Now, when I ask him his age, you notice that he holds up his four fingers and thumb four times and his fingers once; he comprehends my question, knows his age, desires to answer that he is 24, but cannot formulate the words, so he answers on his fingers. He can say one word, *no*. Aphasia often co-exists with right-sided hemiplegia. It is not, as many suppose, that the right side of the body is usually stronger and more developed, because it is more used than the left, but in reality this superiority is congenital. The left side of the brain seems to be possessed of a higher grade of development than

the right and in the left side resides the immortal power of speech. We sometimes meet with exceptional cases where left-sided hemiplegia and aphasia co-exist; in some of these cases there are undoubtedly two lesions, situated in opposite sides of the brain, but I have made autopsies on aphasic subjects where the left side of the brain was perfectly normal and the lesion was found only on the right. Such cases I cannot explain; they belong to the class of anomalies. This man has slight left hemiplegia. It will be well to cultivate a habit of inspecting your patients carefully in order that you may be able to detect these slight evidences of paralysis. There are two ways in which they are manifested; in one the patient swings the affected limb around, describing, as it were, the arc of a circle, in the other he drops the toe in putting the foot to the ground. As soon as I entered the ward I noticed this peculiarity in this man's gait. It is usual in aphasia to have the face affected, but there is no trouble here; his expression is good and when he laughs there is no drawing of the corners of the mouth. He has also an exceedingly unusual symptom, the one which makes his case almost unique, only one similar case being reported by DR. DRESCHFELD–he has no sensation on the right side,and sensation is somewhat benumbed on the left. He has also defective color-sense in the left eye; when the right eye is bandaged and a box of colored worsteds is placed on his lap and he is asked to find the match for a given color, he holds each skein very close to the eye and hesitates considerably,and finally, when he reaches a conclusion does not make a very good match, while with the right eye, his selection is much more rapid and more correct. When his eyes are bandaged, his right side can be pricked until the blood comes and he gives no evidence of feeling, but on the left side he does feel, though the sensation is impaired. I am not sure whether this loss of color-sense is real or only apparent, for as he has partial loss of vision in the left eye, his hesitancy and inaccuracy may be thus accounted for. He has nervous deafness on the right side; and here let me emphasize what is meant by nervous deafness. Even when my watch is placed in contact with his ear he cannot hear the ticking, so that the deafness is due to a nerve or cerebral lesion, for even though the middle ear be irretrievably diseased, the sounds of a watch, placed on the bones, will be transmitted and it is on this principle that the audiphone is based. He can write; his sense of taste is gone as you see.

"Now, my man, I am going to put some sugar on your tongue and when you taste it, write what you taste on this paper." You see he writes the word sugar, when I have really placed salt on his tongue. The loss of sensation extends also to the mucous membrane, and you see I can prick his tongue and the inside of his mouth without eliciting any response. It is somewhat difficult to examine this case, for the man has been a soldier, and his military discipline is constantly cropping out; he instinctively does that which he thinks you want him to do. As you see he has not lost the sensation of position in his right arm, for when I place it on this table with the arm fully extended from the body and tell him to take hold of it with his left hand, he does so at once, without any hesitancy. Hot water applied to the right side shows us that he has lost all sense of heat or cold, which sometimes remains even after loss of general sensibility. The pressure-sense is also wanting.

Now there is no single spot in the brain, as far as our knowledge of cerebral localization goes, a lesion of which will give us all the symptoms found in this case. If we have a lesion of the cortex of the ascending frontal convolution, we will have loss of motion; a lesion of the island of Reil will give us loss of speech, but ascending from the island of Reil, we meet first with the centres that preside over the face, before those for the extremities, but here the face has escaped. So the probability is that the motor symptoms are not due to cortical palsy. A clot in the claustrum will raise the cortex from the island of Reil, and by pressure cause paralysis, and also by pressure on the anterior and parietal convulsions would account for all the symptoms but the sensory phenomena. We know really very little about the sensory fibres, but experiments demonstrate that the posterior portion of the brain is connected with sensation. It is probable, then, that in this case we have two lesions, one in the island of Reil, the other in the crus cerebri or optic thalamus. In DR. DRESCHFELD'S case lesions were found in these localities.

Rare Sequel of Sun-stroke.—Last summer this man had an ordinary sun-stroke. The ordinary sequelæ of sunstroke are headache, failure of memory, failure of power of mental concentration, of mental functions, and ultimately of general health. The lesion is nearly always meningitis; in a few cases the cortex alone is affected; there is a congestion. It is of the utmost importance to make a correct diagnosis, for the sequelæ of sun-stroke, if their true nature be recognized, are curable, but if you attempt to treat them without recognizing their true nature, you will fail. I once was consulted about a physician, who, it was said, had fallen out of his buggy, on a very hot day, and injured his head. He complained of constant headache. I concluded that he had suffered sun-stroke, for several reasons. In the first place, his headache was always worse in a warm room, or in warm weather; again, it was

noticed that he had fallen from the buggy several times in a few minutes. When a man has such falls, he is either drunk, has apoplexy, or is sun-struck Here the sun was the cause of his falls, and not the falls the cause of his trouble. He subsequently died, and the autopsy revealed chronic meningitis. Practically speaking, when a man nearly always complains of headache that is aggravated by heat, you can set it down as due to sun-stroke.

Well, to go back to our patient, he was unconscious for several hours, and when he regained consciousness, there was an almost incessant and very marked twitching of the fingers of the right hand. Within the past month, he has had one very severe epileptic seizure, the muscular manifestations of which commenced in an aggravation of the spasm of the muscles of the hand. You can lay it down as an almost universal rule, that when you have epilepsy, with its seizures beginning in the periphery, that is, in the arm, leg, or a part of the face, it is due to organic brain disease; it is a true Jacksonian epilepsy. So that localized spasm, so to speak, localized epilepsy, points to a lesion of the brain. The centres for the arm are found in the lower third of the ascending frontal convolution. When you have epileptic convulsions, there is almost always a lesion of the motor centres.

The treatment of the sequelæ of sun-stroke consists in *unmerciful* counter-irritation and small doses of iodide of potassium. In the physician's case I used the hot iron and rubbed tartar emetic into the raw surface. Occasionally you will have to give small doses of corrosive sublimate, and treat symptoms as they arise. This would be the treatment of the ordinary sequelæ, where nature will do nothing and the doctor must do everything. With this man the case is different; he may get well, but if he does, it will be by a slow process of nature, the slow absorption of the clot.

THE TREATMENT OF HÆMORRHOIDS.

BY F. H. RORICK, M. D., WAUSEON, OHIO.

I read with much interest DR. CHAS. B. KELSEY'S rules for the treatment of hæmorrhoids by injections of carbolic acid, in the AGE of Nov. 25th, because of their eminent source.

During the last few years I have given the treatment of diseases of the rectum special attention and as some of my conclusions are at variance with those of DR. KELSEY'S, it might not be inopportune to give some of the results of my experience for the consideration of your readers.

The treatment of hæmorrhoids by injections of carbolic acid is an important subject, for, as DR. K. very aptly says, "on the whole it seems to be the best method of treatment yet devised," and the general practitioner shows little disposition to employ the knife or ligature; therefore its adoption seems to be the only means whereby the legitimate practitioner can protect himself and drive from his field unreliable itinerants, who cure hæmorrhoids by injection and claim to find conditions that do not exist.

There are few surgical procedures that are as easy of execution, or attended with as little danger to the patient, as the injection of hæmorrhoids with a proper compound containing carbolic acid as the curative agent, and an impression otherwise given or formed is pernicious in its results. The selection of the purest medicines obtainable is a timely precaution whenever we bring them into requisition for the cure of disease. The same pathological conditions exist in a preponderance of all cases of internal hæmorrhoids, and a compound of one strength will cure all; therefore it is useless to impose upon the beginner the embarrassment of guessing what strength solution is applicable in a given case, which in time, would of course result in experience. I have found a very weak solution (when injected in sufficient quantity to cure) as apt to produce a slough as a very strong one.

A slough is not necessary to the cure of any hæmorrhoid except the arterial variety, which involves the anal membrane and is held in the grasp of the external sphincter. A thirty- to forty-per-cent. solution will very rarely produce a slough if properly deposited. I have injected several hundred times a compound containing carbolic acid thirty to forty per cent., normal liquid ergot (P., D. & Co.) fifteen per cent., and the balance water in double the quantity of glycerin to make 100 per cent., and have never met with an accident except when I have inadvertently deposited the compound in the rectal wall. Even when this is done, the usual result is nothing more than a painful inflammation which passes off in a few days.

About two years ago I left my office in charge of a physician during a few days' absence. Upon my return I was summoned to the bedside of a gentleman whom the doctor had treated for hæmorrhoids. He was suffering greatly from pain in the rectum and prostatic irritation. I learned from the doctor and examination of the case, that he had injected into the anterior wall of the rectum one drachm of a forty-per-cent. compound. I anticipated trouble; however, in due time all turned out well, and much to my surprise, *no slough formed*.

This compound is not a perfect solution. The ingredients separate on standing, and it becomes turbid when subjected to a low temperature, but it is a clear solution at 80° or 90°, and should be warmed, as should also the hypodermic syringe, before using in cold

weather. Three to eight drops may be injected, according to size of tumor.

The manner in which the injection is made is of more importance than the compound used, for a cure will result from the injection of absolute alcohol as well as of many of the vegetable and mineral astringents. In this connection I will relate a rather novel cure. Last summer, while in St. Louis, Mo., I was invited by a physician in charge of private infirmary, to witness some operations. Among the rest was a case of hæmorrhoids. Preparations were made to remove a large protruding tumor with the actual cautery. While administering the anæsthetic the subject of cure by injection came up, and the doctor concluded to change his course and inject absolute alcohol. After this was accomplished he thought to make assurance doubly sure by yet employing the cautery. No sooner did the iron penetrate the tumor than the alcohol ignited, which resulted in a total destruction of the hæmorrhoid as well as the hair and some cuticle surrounding the anus, and it seems needless to state that the treatment was barbaric, and the cure was absolute.

Hæmorrhoids should never be forced through the anus for injection, or injected while protruding, for the reasons that the straining effort and action of the sphincters over-distends the tumors, which makes it extremely difficult to properly deposit the compound and greatly enhances the liability to the formation of a slough. It imposes unnecessary after-suffering upon the patient, and small sacs located high up must of necessity escape detection and treatment, for they cannot be forced into view, neither will a digital examination reveal their presence. Therefore, when sufficient time elapses for the undiscovered tumors to so increase in size as to make their presence known, a return of the disease is announced. Thus the reputation of the treatment suffers unjustly.

All injections should be made within the rectum, and this cannot be satisfactorily accomplished with a speculum that allows the membranes to enter throughout its entire length, which is the case with the bi-valve, trivalve, and fenestrated varieties. With a view of accomplishing the end desired, I have improvised a cylindrical slide speculum, having an open inner end and provided with a plug which extends beyond the opening, to facilitate introduction. After the instrument is introduced the plug is removed and the slide, which extends the entire length of one side of cylinder, can be slowly withdrawn and the membrane carefully scrutinized as it enters the speculum over the end of the slide. It can be stopped wherever desired and nothing enters the speculum to obstruct the view external to the point under observation or treatment. The slot extending to the end obviates the objection to the HILTON and O'NEIL slide specula, for it does away with the sharp shoulder at the inner end of the slot which catches the membranes and produces no small amount of pain upon their withdrawal.

As the tumor appears over the slide introduce the point of the needle into its most dependent part and deposit the compound immediately underneath the mucous membrane. Do not aim to inject the body of the tumor. A large hæmorrhoid may be injected in this manner in three or four different places at one sitting. The syringe for this purpose should work easily and the needle should be of platinum or steel, well sharpened and set in a canula of small calibre, three and one-half inches in length; side handles are not necessary.

By following these rules, no accident of moment need be apprehended, even at the hands of a novice. In my experience, very rarely a patient loses a day from his usual avocation as a result of treatment, and the cure is certain. In view of the fact that we can now successfully treat not only hæmorrhoids but prolapsus and even fistula by injections of proper remedies, the profession at large should arouse to a sense of its duty and make it no longer a truthful saying "that the surgery of the rectum is a sort of land of the Cimmerians, where quacks alone can breathe, and where humbug darkens the air."

EPIDEMIC BRONCHITIS.

BY ROBERT O'HARA, M. D., CHARLEMONT, VA.

Reading the editorial, "What the Medical Journal Should Be" in the last number of the AGE, has induced me to ask space for the following cases I had in two families last month.

Oct. 31 I was called to attend Mr. L.'s family, living eight miles from my house. Arriving there I received the following history from the parents:

The family consisted of five girls and two boys, their ages ranging from fourteen to two years. They had, up to a short time previous, been in good health; the majority had gone through the usual infantile maladies. The first notice of the trouble they were suffering from was in a little boy aged seven, a near neighbor's son and a school-mate of two of their eldest children. This little fellow was attacked with a severe coryza, which, however, lasted but a short time, but was followed by bronchitis, vague pains about chest, pain down right arm, and in right ear with discharge from same. After keeping to the house for about ten days he was up and about, and at my visit playing out of doors. During his illness his father and his brother, aged nine, suffered from milder though similar symptoms. The two eldest of my patients, who attended school

with this little boy, were the first to complain. As they had all passed through the stage of coryza at my visit I must quote the parents' statement of how they were first attacked. At first languor, soreness about limbs, chilly sensations, then coryza, which soon abated, but the inflammation passing downwards attacked the larynx causing huskiness of the voice, and afterwards bronchitis. Upon examination I found all suffering from bronchial catarrh, and in different stages of the same. There was pain in the right ear in each case and in several there had been discharge from same. Pain was complained of in different portions of the chest, of a vague kind, not amounting to much, for upon being asked to point out a second time the place where the pain was, in many cases it was quite different from the original site. The pain down the right arm, however, was constant and complained of by all. Cough almost paroxysmal, little expectoration throughout, anorexia, coated tongue, constipation, pulse quick and weak, slightly elevated temperature. The children appeared dull and listless and took but little notice unless spoken to. Here were seven children and the father and mother suddenly within a few days of each other stricken down. On further inquiry I learned of three more families within a radius of two miles of their house who were similarly complaining, the most pronounced symptom being the bronchial. The fact that four families were suddenly attacked was, in my opinion, due to some epidemic cause, atmospheric or otherwise, so I pronounced it epidemic bronchitis. I see DR. N. S. DAVIS alludes to such cases in his article on bronchitis, in PEPPER'S System of Medicine, Vol. III, p. 169. What the exciting cause was, I was at a loss to discover. We had no sudden atmospheric changes about that time; the district is hilly, no malaria and the hygienic surroundings good.

Treatment consisted of sufficient calomel to get the bowels acting, quinine in tonic doses, a cough mixture of ammon. chlor., vin. ipecac, tinct. opii, camphor, spt. ether nitr., simple syrup; lactopeptine after meals, mucilaginous drinks. Locally counter-irritation by means of mustard, followed by repeated poultices of corn meal.

That same day on my way home I was called to a family living one mile from the house I had just left, where I found five children suffering from the same complaint. Their symptoms were remarkably alike, especially as to the ear- and arm-pains, but they had the disease in undoubtedly an aggravated form, as shown by the elevated temperature and hurried respiration. In one little girl the temperature was as high as 104°, and three days previous to my visit their six-weeks'-old baby had died, evidently of capillary bronchitis. The ages of these children were from eight years to eighteen months.

Here I used quinine in antipyretic doses, carb. ammon., digitalis, and counter-irritation as before, followed by repeated hot poultices. The father and mother were not attacked.

I attended both families a little over a week and finding them all doing well, was told in a polite way I would be notified "if they went back any," so discontinued my visits.

A couple of weeks later I saw the parents, who informed me their children were steadily improving and complained of nothing but weakness and a voracious appetite. The other two families received medical attention and made equally good recoveries.

What I consider of particular interest in these cases is the suddenness of the attack with no obvious exciting cause, its limit to one small locality, no cases of a like kind having occurred in neighboring districts at the time or since, and the striking resemblance of the symptoms in all. I should be glad if some wiser head would throw some light on the subject.

AMMONIA-POISONING.

BY A. J. ROSENBERRY, M. D., BURLINGTON, WIS.

On Friday, p. m., Nov. 27, 1885, my little son two years old, came running to me in my office adjoining my sitting-room, and crying, stuck his finger into his mouth, at the same time making ineffectual attempts to vomit, during which he spat out considerable mucus, which I noticed was tinged with blood. Believing he had swallowed some irritating substance, I at once forced him to drink considerable warm water, followed by syrup of ipecac. While administering these I accidentally got the fumes of ammonia from the clothing, and at once saw the serious nature of the case. In twenty or thirty minutes after taking the ipecac copious vomiting occurred, once only. In about five minutes after vomiting he began to have great difficulty of breathing, which increased so rapidly that in less than three minutes I thought the child moribund.

The difficulty of breathing I at first thought to be caused by a spasmodic croup, but further observation satisfied me that it was an œdema of the glottis. His breathing was as difficult as in the worst case of membranous croup I ever saw, and of course identical in kind, being caused by an obstruction in the trachea. I at once sent for counsel. Three physicians arrived in about ten minutes, by which time his breathing was slightly easier. They all advised steaming with lime-water to relieve the irritation of the tracheal mucous membrane. While under a rubber blanket with the child I noticed that his pulse suddenly became weak

and intermittent. We immediately gave stimulants per rectum, brandy, one grain of quinine, one or two drops of tinct. nux vomica, and, later, digitalis. The force and rate of the pulse were reduced very much, and it was very irregular, beating three or four beats in rapid succession and then skipping two or even three beats. Sinking attacks developed, in one of which the ordinary tracheal rales that accompany death were very loud, and the child became very livid. He rallied, however, only in the course of half an hour to pass into another similar but milder attack. Death seemed imminent several times, but I believe it to have been averted by the stimulants injected into the rectum, and hypodermically.

The breathing continued difficult until I obtained a steam atomizer in which I used a mixture of glycerin and lime-water, which seemed to relieve very promptly. From the fact that no symptoms of pain in the bowels were manifested and that there was neither vomiting nor purging, we concluded the child had not swallowed any of the ammonia, but the caustic action of the alkali was plainly visible on lips, tongue, and even fauces; there was difficult deglutition for 48 hours. Of course it was the fumes of ammonia only that reached the tracheal mucous membrane. I should be pleased to have the opinion of the readers of the AGE, who have similar cases, as to proper management of cases of this kind. What caused the heart-failure at least 45 minutes after the inhalation of the gas occurred? I am well aware that over-stimulation induces paralysis, but it seems to me that it ought to follow more promptly, or not at all.

HEAT, THE NEW OXYTOCIC.

DR. G. HENRI BOGART, SHARPTOWN, IND.

As my topic is obstetrics, and my mentality seems pregnant, I had better be delivered, as you request your readers to report their several experiences.

Considering any practice as enlightened medication which obviates the use of drugs attended with uncertainty of action, I was favorably impressed with DR. JONES' article on page 458, AGE of Oct. 26.

I first tried the hot cloths over the uterus in a lady, delivered by an old midwife. Moderate post partum hemorrhage had been treated with cinnamon, quinine, hot coffee, cold applications and kneading of uterus; and, when I arrived, I put a little ergot on top of the previous multiple treatment, but unsuccessfully. Hot cloths produced good contractions in ten minutes, with cessation of flooding.

I mentioned the matter to my friend, DR. JENKINS, of Mount Carmel, Ind., who has successfully used it on two occasions.

Last week I was unexpectedly called off the road to attend a lady in her fourth confinement. She is a spider-waisted creature, and after her previous labors had suffered from uterine inertia following the expulsion of the child. In her first labor an ignorant practitioner had allowed the placenta to remain an entire day, and her third was followed by subinvolution, ascribed by her friends to the manual delivery of the afterbirth. The child was promptly born, vertex o. p. presentation; having the cord thrice around the neck, I having to cut the funis ere delivery could be completed. After waiting half an hour, and the uterus still remaining passive, I tried kneading the womb, without effect, and then called for hot water and cloths, which produced prompt and effectual pains, expelling the placenta inside of ten minutes, and on calling next day I found that the after-pains had continued in just the proper manner.

I cannot agree with OLD PRACTITIONER IN regard to "sweeping the interior of the womb" to remove clots; as the proper procuring of of after-pains is fully sufficient and avoids the dangers of manual interference.

The proper manner of deciding the value of the many new methods proposed, is for us to tentatively use them and then report.

In using the hot water over the uterus, it may be well to add a few drops of some harmless placebo, that the old ladies may not steal your thunder. I use 48-inch wagon-top rubber cloth, costing 50 cents a yard and cut into two yard pieces. One of these slipped under the sheet prevents most of the dreaded washing, and we can deliver the patient in the same bed on which she is to lie, thus avoiding the trouble and possible danger of changing beds. And be sure the ladies won't forget you either.

I am averse to the practice of having a nurse, to press upon the womb during the descent of the fœtus, as she may, through ignorance of the anatomy, indent the fundus between pains and so lead to an inversion.

The following piece of hyperbole is from the Louisville Medical News, one of the journals classified by the scholarly and gentlemanly editor of the Medical Bulletin (DR. JOHN V. SHOEMAKER) as "nondescript." The point of the thing is in the application on't: "The Executive Committee of the Big Congress has softened its shrill clarion, and dropping from its lofty perch is trying to wheedle some of the eminent dissenters back into the organization. It is evident that this chucking will be wasted upon the highbred brooders, and that the congressional egg will be addled, if not broken, before the days of its incubation shall be fulfilled."

WHEN SHOULD MENSTRUATION CEASE?

BY W. E. HUGHES, M. D., PORTAGE, WOOD CO., OHIO.

A question, it is to be presumed every practitioner of medicine has put to him occasionally by some female patient, and which is not very easy at all times to answer, is: "Do you think I am approaching the change of life," or, if not worded just as this is, the meaning is the same. We find that the majority who consult us expect "the change of life" to occur at the age of 40 years, and this has come to be generally considered as the time at which it should occur, and although it may be so in many instances, the fact remains, that the period is very variable.

An extensive experience has led me to construct a table or calculation, by means of which may be told almost to a certainty when the "change of life" may be expected, and it is now given for what it is worth, and to lead others to compare their experience with mine as to any value it may possess. Of course many exceptions will be found, as there will be to any rule, for instance, an obstetric table. Commencing with the propositions: First, that the allowance of years to mankind is "three score and ten." Second, that a woman is capable of child-bearing for half her life after she arrives at the age of puberty. Now find out at what age menstruation began in any particular case, subtract this from seventy, and divide by two, the result is the number of child-bearing years: add this to the age at which menstruation began and it will give the age at which it should cease. For instance:

Years of life	70
Menstruation began at	16
	54
Half of which is (The child-bearing period).	27
Add the commencing age	16
Giving age at which it ceases	43

Bearing in mind the facts that those who begin early, cease early; and those who begin late, cease late, we should have the following table:

Beginning	at 12	ceases	at	41
"	" 14	"	"	42
"	" 16	"	"	43
"	" 18	"	"	44
"	" 20	"	"	45

Although this table has been found in the main correct, allowance must be made for causes producing variations; it is not sent forth as infallible, but it will be found to "hit" nine times out of ten. It is doubtful if any trace of the idea will be found in works bearing on the subject, and it is believed to be original with the writer.

Correspondence.

LABORATORY SCHOOL OF PHARMACY.

In the columns of the Dec. 10th issue of the AGE I note, in the article regarding the School of Pharmacy, that you state that "while the class is largely made up of employés of the firm, the benefits of the school are not limited to such, all who desire to join being allowed to do so at a moderate cost."

The above statement is incorrect, as outside persons are not allowed to join, although we have had applications, and with these and the fine progress of the school, we are sufficiently encouraged to look forward to the enlarging of the school in another year, thus allowing others than employés to become members.

Another misrepresentation is made in the government of the school, where you state that the school is under the control of DRS. A. B. LYONS, as Chemist, and H. H. RUSBY, Botanist.

The school has been duly organized and is under the control of a Board of Trustees, who have placed the management in the hands of an Executive Board. The Executive Board have secured the services of DR. A. B. LYONS as Lecturer on Chemistry and Pharmacology, and DR. H. H. RUSBY on Botany.

F. A. THOMPSON,
Secretary.

In view of the fact that an esteemed contemporary once got itself into hot water because of its reference to the pap-sucking habit of certain Texas mothers, we ought not, perhaps to publish the following report of a cannabilistic performance by two Texas doctors: DR. PALMER, who, in a fight with DR. CALLOWAY, at Blooming Grove, had the end of his finger bitten off by the latter, is in a critical condition, owing to blood-poisoning having set in." Inasmuch, however, as the quotation is from the Texas Courier-Record of Medicine, we presume the report is not libelous. Nothing is said of the effect of the toothsome morsel on DR. CALLOWAY, and it is presumed it did not contain enough ptomaines to disturb his stomach.

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JOHN J. MULHERON, M. D., Editor.

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Editorial.

PICHI, THE NEW REMEDY FOR CYSTITIS.

We reproduce in another column an extract from an English exchange giving a few facts touching pichi, the latest suggestion in the way of a remedy for cystitis The beneficial action claimed for this drug in this affection, as well as in others not less rebellious to treatment, will, doubtless, excite a considerable degree of interest in it. We take pleasure in giving also an extract from correspondence by DR. H. H. RUSBY, who has for the past year been exploring the flora of South America in the interest of MESSRS. PARKE, DAVIS & CO., of this city, and who has shipped to this enterprising firm a sufficient supply of the new drug to permit of a test of its merits. DR. RUSBY writes:

"In Santiago I had a very pleasant time with DR. S. PHILLIPPI and his son, a distinguished German student of Chilian natural history. It is most fortunate that I have seen them for in this way I learn that there are two species of fabiana or pichi so much alike that they have always been considered the same, and it is now admitted that it is very difficult to distinguish them; but the practical part of the question is that that from the northern provinces of Chili, which I am sending, is said to be nearly or quite equal to that from Conception and farther south. As for myself I do not believe in this difference, but under the circumstances, in view of the importance of this matter, the only thing to do is to try and get a quantity from the southern part, and upon examination of the two we will decide as to the difference. I have gathered 250 pounds, and with a great deal of labor, it being very scarce hereabouts, and I desire to avoid a trip to the southern province which would be almost too expensive for a small quantity. It may, however, be necessary for me to go even now. I have just telegraphed to a party in Calahuana to see whether he cannot send me a small lot. You will know how important it is when I tell you that within a week two parties have advertised for it in the leading Chilian papers. Please note that the lot which I send via the isthmus is genuine; that which I send via Liverpool is doubtful, though I hope an examination will show that it is equally valuable. Of the entire lot of plants which I consider worthy of notice there are but five or six worthy of careful investigation, and of each of them I shall secure a small quantity, of some 25 pounds.

Lastly, there is one of them, pichi (fabiana imbricata), of whose merit I am already convinced. I have written several times about this plant and become more impressed every day in its favor. I hope to be able to give you a careful report in my next to accompany shipment of 500 pounds which I shall make. It seems to combine all the qualities which tend to make a new drug valuable.

1. It belongs to one of the best families, the *solanaceæ*, with atropina, tobacco, solanum, duboisia, etc., and hence likely to find favor with the classifying cranks as well as with the scientific classifiers.

2. It is not a modification of any heretofore known remedy of this group, but something entirely different in appearance, and, in characteristics and properties of its active principles.

3. The character and appearance of the plant, and probably of its product, are more striking than any other I know of, so that unknown it would be likely to suggest medical properties to anyone, and will make its description "taking."

4. It has real merit in a high degree.

5. It applies to one of the commonest and most dreaded diseases, calculus, and seems to act in a way different from any of the remedies now in use.

6. Its young reputation rests on the recorded experience of the first physicians and the most careful scientific men of this country."

In another letter DR. RUSBY says: "I hope for very good results from the new remedy, pichi. My faith in it is based on sound scientific principles, as well as on popular reports and reports from physicians in good standing here who regularly prescribe it. I forgot to mention that pichi is accredited with other important properties besides those mentioned; among others, one of very great importance if true. There is, I believe, no remedy known which has any effect in hydatids of the liver, in sheep diseases, piriguines, which I believe is the same thing. Pichi is the standard remedy, and is said to be a specific."

The largest calculus ever successfully removed from the bladder was by DR. DUNLAP, of Springfield, Ohio. It weighed over twenty ounces.

THE CREMATION OF THE DEAD.

Cremation as a substitute for inhumation, has encountered much opposition, and will, undoubtedly, have a vast deal more to combat before it becomes sufficiently popular to warrant the construction of the necessary furnaces at convenient distances apart, for the accommodation of those who have declared in favor of having their remains committed to them. From a sanitary point of view, and from an economical as well, it is the proper method of disposing of the corpse, but powerful though these considerations are, there still remains associated with the dead body, even in this later utilitarian age, a feeling in the minds of those to whom it was in life united with the bonds of affection, to which the thought of consuming it with fire is painfully repugnant. The human animal is not simply an animated combination of solids and fluids. It has feelings and prejudices which move it and which no scientific reasoning can speedily eradicate, and these, although largely due to education and fashion, must for a long time continue to interfere with the popularity of cremation. That the new (or rather, indeed, old) method of disposing of the dead is, however, gaining in popularity, there seems scarcely any room for doubt. In different parts of the country companies of individuals are interesting themselves in the matter to such purpose that within a few years crematories will be far less novel than they are to-day. In this city very satisfactory progress in the cremation movement is reported, and there are prospects of the erection of a furnace in the near future. At a meeting of the local society, recently held, it was decided to issue a letter stating explicitly the object of the society and the plan on which it was proposed to accomplish this object. We learn from this letter that $3,500 worth of stock has already been signed, although no soliciting has thus far been done. The capital stock of the proposed "Michigan Cremation Company" is to be $25,000, divided into 1,000 shares of $25 dollars each. No liability shall be incurred until $8,000 of the stock are subscribed for. When the corporation is formed, and a treasurer elected and qualified, the subscribers will forthwith pay into his hands 20 per cent. of the amounts by them respectively subscribed, and will thereafter pay the remaining 80 per cent. of their subscriptions at such times and in such sums as the board of directors may require. Shareholders shall have the right to be cremated after death in the company's apparatus, free of charge, provided they so desire and their family does not object. In Europe, especially in Italy, France and Germany, cremation is rapidly growing popular, and movements are on foot to have the governments take the matter in hand. Incineration has made great progress in the United States. From 1876 to 1884 only 48 bodies were burned in the Le Moyne crematory at Washington, Pa.; but from November, 1884, up to the present time, 51 bodies have already been incinerated in the Lancaster, Pa., crematorium. The newly completed New York crematorium, now in operation, can dispose of eight dead bodies per day, and so many corpses have been deposited in their vaults that they will be kept busy for months to come. Crematories are now being built elsewhere, in Buffalo, Cincinnati, St. Louis, New Orleans, Boston and many other cities. There are about 31 cremation societies in the Union. The Lancaster, Pa., crematorium company paid a dividend of 12 per cent. of their first year's business to their stockholders.

The names of a number of prominent physicians and business men are attached to this letter, and while a number of others equally prominent are generally known to be connected with the movement, it has been decided to keep secret the names of any who object to publicity. The movement is, therefore, stronger in this city than appears on the surface.

EXSTROPHY OF THE BLADDER.

DR. H. O. WALKER reported, at a recent meeting of the Detroit Medical and Library Association, a case of exstrophy of the bladder occurring in a man aged 24, whom he had recently operated upon. The subject of report was and had been up to within the past two years performing the duties of a farm laborer; latterly, owing to excoriations from dribbling urine, had done but little in the way of work. Cloths and a rubber urinal were worn, and served their purpose reasonably well while standing, but when lying down the urine coursed its way over either groin, so that his bed had to be elevated at the head to prevent its running upwards, and even then he had to have a renewal of clothing each morning. He was admitted to Harper Hospital October 15th, and on Saturday, October 17th, in the presence of the students of the Detroit College of Medicine, the operation was made as follows (after WOOD'S method): By dissecting middle flap from the abdomen (6 by 5 inches), and a flap from each groin similar in size but extending lower down. The middle flap was turned over the exstrophy and stitched in place by catgut sutures; the lateral flaps were then turned over these and held in position by silver pin sutures, three in number, while at other points catgut sutures were used.

The doctor illustrated by tin-types and drawings the appearance of the exstrophy, manner of operation, and appearance after operation. He also reports that union by first intention

had taken place, and thus far the result is eminently successful.

NOTA BENE.

Such of our kind readers as have not yet made glad the publisher's heart with their remittance of the annual subscription price, will find in the present number a reminder of the fact, in the form of a bill. It is a good practice, at the close of the year, to square up, and in the present instance the practice resembles mercy in that it is twice blessed, blessing him that squares and him that is squared. There is nothing which contributes so much to the successful management of a medical journal as a squared-up subscription list. The drag of a heavy arrearage of subscriptions takes the vim out of the stoutest publisher's heart, and the reflex on the editorial pen is very enervating. Fortunately we have never been seriously afflicted after this fashion, and it is only the possibility of such a thing happening that excites this notice to our readers. If the reader who receives the bill will just recall the fact that he has received twenty-four numbers of a twenty-four page, royal-octavo journal, or 576 pages of original and carefully selected matter in the volume, for which only one dollar has been charged him, he will incur no risk of the further delay which a treacherous memory is always apt to cause, but will forthwith inclose the amount called for.

Notes.

Some time ago we undertook, for sweet brevity's sake (and, perhaps, also, a little for the sake of style) to express in Latin the commonplace idea that the health of the people is the highest law. Now, our excellent English compositor is a dead shot, or *au fait*, on all the intricacies of the vernacular, and all the living tongues, but when he tackles the dead languages he stumbles and is almost sure to get floored. It made the Latin compositor grin with a sort of devilish glee, when he saw how the case-endings of *salus populi* had been deformed, and when he discovered that "*suprema lex*" went to press as *suprema lax*, he could no longer contain himself. We put him on cocaine in vain, and he took nitroglycerin even as a pigeon takes opium. He is now on ice, and we hope to pull him through. After he has fully recovered we intend to give the Medical Record the benefit of our experience. The attack in the case of our esteemed contemporary has taken this form: "The MEDICAL AGE," it says, "is one of the best exponents of American medical journalism, and we read its columns with interest and profit. Something, however, has of late gone wrong with its Latin editor. Perhaps the over-study of medical cases has made him careless of his genitives; at any rate, we would respectfully correct his statement that "*salus populus* may be *suprema lax*," and would suggest the dropping of a vowel in his announcement that college rivalry in Buffalo is a '*causus belli*.' Our esteemed contemporary writes capital English, and after all it may be only the spirit of evil at the printing office that spoils its Latin."

A mad dog running through the streets of Newark, N. J., on the 2d inst., bit six of a crowd of school children. DR. O'GORMAN at once interested himself in the matter, and soon succeeded in raising the necessary funds with which to send five of the children to Paris, where they will be placed under PASTEUR, who will inoculate them with attenuated virus with a view to preventing the occurrence of hydrophobia. Inasmuch as the wounds were cauterized as soon as possible after the infliction, it will be necessary for the five children sent abroad to escape the disease and for the one kept at home to die with it, in order to furnish proof of the value of PASTEUR'S remedy.

Small-pox, though showing a very decided decrease in its prevalence in Montreal, has spread to contiguous places and threatens to become prevalent throughout Quebec before winter is over. The U. S. Sanitary Inspection has been discontinued on the New York and Eastern frontiers, but is still in force on the Michigan border. The fact that the only cases of small-pox which have been imported into Michigan during the existence of the Montreal epidemic, were prior to the establishment of the quarantine regulations, speaks well for the efficiency of the service.

Some men are natural jokers and cannot resist the impulse even in the jaws of death. CURRAN'S physician remarked to him when he was on his death-bed that he seemed to cough with more difficulty. "That is surprising," returned the wit, "as I have been practising all night." A local celebrity when on his death bed in this city, was informed that it had been decided to tap him for the ascites from which he suffered. "Then it's all over with me," he replied. "Nothing has ever lasted long in this house after being tapped."

GEN. BEAUREGARD will give a history of the Shiloh Campaign in the January number of North American Review. CANNON FARRAR has an article on the Church in America. The number will also contain articles by the Marquis of Lorne, COL. INGERSOLL, Millionaires ASTOR and CARNEGIE, an Irish Member of

Parliament elect, JOHN BOYLE O'REILLY, CASSIUS M. CLAY, SIR JOHN MACDONALD, and FRANK B. SANBORN.

The Medical Record says that blisters in warm weather are like our city churches, during the same season—they do not draw well. The reason, in the case of the blisters, is that the skin is moist, and water prevents the action of the cantharides. If the moisture could be transferred to the churches, the double evil would be remedied. The churches do not draw because they are too dry.

"Well, MRS. DOYLE, how is PATRICK this morning?" "Sure, docthor, he does seem no betther." "I think, MRS. DOYLE, you had better have him taken to the hospital where he can be better treated." "Treated, is it, docthor? Sure he has been treated too much already, or why should he be having the delarium tremins, bad cess to him."

"ANOTHER YOUNGSTER," in Gaspe, Quebec, wants to know whether "OLD PRACTITIONER" applies a pad over the uterus after delivery of the placenta. He (A. Y.) finds it to be a preventive of flooding, and, on general principles, believes it safer as a routine practice than "the giving of a teaspoonful of ergot just as the head is about to emerge."

The New York Sun gives the following: Client (to lawyer)—"I am afraid the physician's testimony will convict me." Lawyer (reassuringly)—"Don't be alarmed about that, I'll read up a little about poison in the stomach, and in ten minutes I'll have that doctor in a cold sweat, and make the judge and jury think he is a hired perjurer."

DR. E. J. BROWN, of Minneapolis, reports a case of fatal opium-poisoning in the case of a child to whom, in accordance with a barbarous custom which is said to prevail in some sections of this country, some of its father's urine was given. The father in this instance was adicted to the opium habit.

Read this and say that SHAKSPEARE did not know what malaria was:

> "As wicked dew as e'er was brushed
> With raven's feather from unwholesome fen,
> Drop on you both."

There is at the University of Basle, a skeleton which was prepared by ANDREAS VESALIUS, the founder of anatomy, in 1543. This is the oldest anatomical preparation extant.

The Ephemeris, issued by DR. E. R. SQUIBB, has had but an ephemeral existence. What was it begun for, since it was so soon done for?

The Belgian Academy of Medicine has offered a prize of two thousand dollars to the discoverer of a cure for epilepsy.

Formulary.

FOR SCARLATINA.

DR. BEDFORD BROWN, of Alexandria, Va. (N. Y. Med. Journal), gives the following, which he has found useful in malignant scarlet fever, with cold extremities and tongue, and a temperature reaching 107°:

℞ Acidi salicylatis, ʒ ij.
Tr. aconiti radicis, gtt xij.
Infus. digitalis, ℥ iss.
Spts. ammon. aromat., ʒ iij.
Syr. aurantii corticis, ℥ j.
Aquæ, ℥ j.
M.

Sig.—A teaspoonful every three hours for a child five years old.

FOR DIARRHŒA.

DR. H. C. WOOD (Therapeutic Gazette) has found the following to answer admirably in innumerable cases of diarrhœa:

℞ Acidi sulphurici aromatici, ʒ iij.
Ext. hæmatoxyli, ʒ iij.
Tr. cinnamomi.
Tr. opii camph., aā ℥ iss.
Syrup. qs. ad ℥ vi.
M.

Sig.—A tablespoonful, as required, in a little water.

FOR ALOPECIA.

PROFESSOR GROSS (College and Clinical Record) advises the following:

℞ Saponis viridis, ℥ ij.
Aquæ Cologniensis, ℥ iv.
M.

Sig.—Apply as a wash every third night, then use several times a day:

℞ Tr. cantharidis, ʒ iss.
Tr. capsici, gtt xx.
Glycerinæ, ʒ ss.
Aquam. Cologn. q. s. ad ℥ j.
M.

ANTISEPTIC OINTMENTS.

DR. M. B. WARD (Medical Record):

℞ Iodoformi, ʒ j.
Subnitratis bismuthi, ʒ vij
Vaselini, ℥ ii.
M.

DR. J. W. THAYER (*Ibid*):

℞ Iodoformi, ʒ j.
Boracic acid, ʒ ii.
Subnitratis bismuthi, ʒ iv.
Vaselini, ℥ ij.
M.

Medical Progress.

THE TREATMENT OF HYDROCELE AND VARICOSE VEINS BY CARBOLIC-ACID INJECTIONS, ETC.*—For many years I followed the routine of using LUGOL'S solution for the purpose of obliterating hydrocele. The procedure is often efficient, but always painful, followed by considerable local, and sometimes general, reaction. The folds of the testicle, and a good part of the scrotum, may slough away, if the fluid be forced between the membranes and not into the sac; but I have also seen some cases of moderate sloughing in consequence of the intensity of inflammatory reaction, although the operation was skillfully performed.

With injections of chloroform or alcohol for the above purpose I have had no experience; but as we became acquainted with the various uses of carbolic acid, it was natural enough that we should also test its power and convenience in setting up that degree of adhesive inflammation which would be necessary to obliterate a serous sac or a varicose vein.

After citing four cases DR. WEBER continues: It stands to reason that carbolic acid, in common with all other means for injection, will not answer in hydrocele where the sac is hypertrophied to any considerable extent. The cyst in that case has the feeling of a stout rubber bag, is of oval shape when unilocular, and of more or less irregular shape when multilocular, by the formation of false bands in its cavity. Such cases need not always be old ones, as is seen by the following: A young and otherwise healthy man came to me with hydrocele in 1880. It was of dumb-bell shape, of moderate size, tense, not transparent, and had developed after gonorrhœal orchitis 15 months before. It had been tapped once. After making a free incision and evacuating about three ounces of yellowish and somewhat turbid fluid, the walls of the sac appeared to be one-third of an inch in thickness. A stout fibrous band drew the cyst walls together about the middle of the tumor. I broke down all the adhesions, scraped and washed the cavity thoroughly with sponges dipped in a ten-per-cent. solution of carbolic acid, and stuffed it with a pledget of lint smeared with unguentum iodoformi. The iodoform dressings were removed three times during the first ten days. Ungt. basilic. to stimulate granulations was submitted after that, and at the end of three weeks the cure was complete. The patient had some fever on the second and third days after the operation, but no more after that. In such and similar cases I have found the radical operation and antiseptic dressings the best and safest mode of treatment.

For the purpose of coagulating the blood in varicose veins and obliterating them by adhesive inflammation carbolic acid has proved to be a safe and efficient remedy in many cases. The first case in which I used subcutaneous injections of pure carbolic acid was that of L. S——, aged 38, a merchant, who came to me in 1878 with a markedly varicose condition of the entire territory of the saphena major of the right lower extremity. He was otherwise a strong and active man, but the pain and discomfort in walking caused by the increasing distension and pressure of the enlarged veins of the neighboring parts made it hard for him to attend to his business. Elastic stockings had given him no relief. I found four large sinuses beneath and to the inner side of the patella and at the popliteal space, which were exquisitively tender. I thought if I but succeeded in obliterating these the patient might be made comfortable otherwise by the judicious use of massage and elastic bandages. I tried VIDAL'S method by acu-pressure. It failed to do what I wanted, but caused the patient some sleepless nights and much pain. I then injected four drops of carbolic acid into each sinus, entering the needle sideways and making compression at the proximal and distal end of the sinus until I felt that a soft coagulum had formed. Two sinuses were operated upon the first, and two on the next day, wet compresses and a bandage gently tied around the knee, and the patient kept in bed for a week. No unpleasant reaction took place. In the course of the second week the thrombi were flat and firm, and the sinuses became obliterated. With the help of a long elastic stocking Mr. S—— was soon able to be about all day long, without experiencing more than slight discomfort. I met him again in 1880, and learned that his leg gave him no trouble, but the stocking he had to have on when going about.

In treating hemorrhoids we must, of course, distinguish between external and internal ones. External hemorrhoids of small size may be obliterated by injecting a minim or two of pure carbolic acid, or, with less risk of sloughing, four or five minims of a fifty-per-cent. solution of the acid.

A careful selection of cases of hemorrhoids suitable for the obliterating treatment by carbolic-acid injections is highly commendable. With small, tense, and moderately bulging tumors of this kind I have had barely good success; but the procedure was often painful, and not infrequently followed by inflammation. In a few cases gangrene of the injected hemorrhoid supervened, and the dead mass came away under antiseptic dressings without any unpleasant local of general consequences.

Phlegmon, abscess, and subsequent fistula in ano, in consequence of injections either too strong or applied in cases in which this mode of treatment was not advisable, have been seen, and I have personal knowledge of such a case which occurred not long ago in this city. The possibility of ascending thrombosis and pyæmia under similar circumstances cannot be denied. Altogether, the cure of hemorrhoids by carbolic-acid injections is a method which I believe to be neither as generally applicable nor so free from danger as it has been represented by some practitioners.

In operating it will be best to insert the needle about one-fourth of an inch from the base of the tumor, and push it through the sound skin directly forward into its central portion, taking good care not to spill any of the liquid along the track of the needle or at the point of entrance. This precaution I have found to be essential if we want to get obliteration of the pile by adhesive inflammation instead of seeing it slough away. The large and pendulous external hemorrhoids may be ligatured after incising their cutaneous parts, cut off, and the wound dressed with iodoform until

* Read before the German Medico-Chirurgical Society

the ligature comes away. Many such I have also clamped and cauterized with the Pacquelin cautery to prevent hemorrhage and insure prompt and satisfactory healing of the wounds. In my experience this procedure has given invariably good and lasting results in all cases in which it was admissible.

Whether we employ the ligature or thermocautery in external or internal hemorrhoids, it is good practice to stretch the sphincter ani in a moderate degree before proceeding to operate. Such distention not only facilitates the operation, but also prevents subsequent pain and discomfort, and promotes the healing of the wound.

Carbolic-acid injections will not do for internal piles; they must be treated by the ligature, or clamp and cautery as described above.

I have the records of four severe cases of external and internal hemorrhoids, three in males and one in a female, every one of which had between five and eight hemorrhoidal tumors within and without the sphincters. They all showed the symptoms of anæmia to a considerable degree. Three of them were operated upon with the clamp and cautery, one with the ligature, and they all got well without secondary hemorrhage or other unpleasant symptoms.—Dr. Leonard Weber, in the *N. Y. Med. Record.*

Creosote in the Treatment of Consumption.—The history of creosote exemplifies the mutations to which therapeutics are liable, particularly as regards phthisis. Furthermore, the change of professional opinion from time to time, and the contradictory statements of physicians concerning the value of remedies in tuberculosis only illustrate the powerlessness and desperation felt by medical art when opposed by so dreaded a foe.

After the discovery of creosote by Feichenbach, id 1830, and before its therapeutic range became limited by practical experience, it was recommended for almost every form of internal and external disease. One of its many uses, suggested perhaps, by the fact of its derivation from wood-tar, was in the treatment of pulmonary complaints; and in consumption it soon won great distinction. After a time, however, the remedy fell into discredit in the treatment of phthisis, except in the form of an atomized solution for inhalation. Used in this way it long retained considerable popularity, particularly when the sputa were fetid. Although its internal administration was abandoned in consumption, it was not altogether dropped from the list of agents available for chronic bronchitis; while on account of its hæmostatic properties it was occasionally administered in pulmonary hæmorrhage. Nevertheless the internal use of creosote was exceptional, and the mass of the profession employs it only in inhalation.

It is with all the greater interest, then, that we find Jaccoud reverting to one of its discarded uses, and recommending it very strongly as one of the indispensable internal remedies in the therapeutic management of consumption. In his recent work, to which reference has been made repeatedly in the editorial columns of the Journal, he dwells at some length upon the therapeutic indications furnished by the general mal-nutrition of tuberculous patients. These indications are met by hygienic measures, and the administration in large amounts of cod-liver oil, glycerin, iron, arsenious acid, etc But there remains a second indication, which is to counteract the irritation and other local effects of the lesion. Formerly Jaccoud met this indication, he states, by the administration of balsams, tar, or turpentine, but since the investigations of his eminent colleagues, Bouchard and Gimbert with beechwood creosote he has substituted this agent for the others just mentioned. He is of the opinion that it acts more rapidly and surely in lessening expectoration and ameliorating the bronchial lesions and thus tends to limit the extension of the local changes. "Nor is this all, since creosote seems also to have some effect on the fundamental lesions themselves, and to promote the sclerotic change by means of which recovery is found to occur in this disease."

He has often observed that after the physical signs have shown the pulmonary disease as diminished in extent, and the "peritubercular catarrh" lessened, the administration of the drug for several months longer has resulted in a still further decrease in the area of the local changes. This limitation of the disease he ascribes to sclerosis of the peripheral tissues "On account, then, of these and other analogous facts, creosote, combined with other means of treatment, seems to act not only upon the catarrhal, but also upon the tuberculous lesions, causing sclerotic change to predominate over that due to sloughing or caseation." It should be said that, in addition to vigorous measures directed to the improvement of the constitutional condition, he employs alcohol, with strong and declared faith in the power of this last named agent to promote the sclerotic change. "Independently of these results, creosote may be also recognized to have an antiseptic or anti-putrid effect, on which account the fever due to absorption (*la fièvre de résorption*) is averted for a considerable time." Creosote is, in his estimation, so valuable as to be an indispensable remedy, and he never omits to employ it. Although not immediate, its effects are permanent and decided, even when given in small doses. Pyrexia is no contraindication to its employment. Indeed, the only limitation to its use is the gastralgia which it provokes if the stomach is irritable, or the dose too large. In order to avoid this complication, the dose should be small, in which case the remedy can be taken for months with benefit.

If intolerance once occurs, it is most difficult to again administer the drug. "It should therefore be the rule to administer a small dose first, and to increase it but gradually; beginning with the amount of not more than three minims daily, which may be increased by one minim in each week or ten days until as much as five or even six minims are given. This dose should never be exceeded, and is but rarely reached." Jaccoud no longer administers creosote in capsules, because of the gastric irritation produced, nor does he give it in wine, owing to the disagreeable taste of the mixture He combines it with the cod-liver oil or glycerin, as follows: Cod-liver oil, 2 ounces; creosote, 3 minims: and oil of peppermint, 1 minim This constitutes the daily dose, and, owing to the peppermint, is not disagreeable to take. If glycerin be employed, the formula is: Glycerin, 12 drachms; cognac or rum, 3 drachms,

creosote, 3 to 6 minims; and essence of peppermint, 1 minim. This combination is highly agreeable and beneficial, and can be taken, according to JACCOUD, for an indefinite length of time.

Although one may not be inclined to endorse or accept all of JACCOUD'S conclusions concerning this remedy, yet the experience of so skillful a clinician should not be allowed to go for naught. It is not unreasonable to assume, therefore, that, if employed systematically and persistently in the treatment of consumption, creosote will yield better results than is generally believed, and that the praise lavished upon it in years gone by was not wholly unmerited. —*Medical News.*

CASES OF PAINFUL MAMMÆ IN YOUNG GIRLS.—F. H., a healthy, well-made girl, aged eleven years and six months, was brought to see me at the Hospital for Sick Children, on account of great pain in the left mamma, which had existed for nearly a twelvemonth, but had latterly become more severe. She was rather weak and overgrown, but otherwise she appeared to be in good health. There was no history of any blow or injury. The left mamma was very little larger than the right, yet there was a slight but decided swelling of the whole gland. She complained of continuous pain in this region, and the very slightest pressure caused her to wince. The mother stated that, at times, the pain was very severe, and there was no doubt, from the child's manner when seen, that this was the case. There was nothing to warrant the suggestion of hysteria. No catamenia had appeared, nor were there any other indications of their advent. It was stated, however, by the mother, that two elder daughters, by a former marriage, have found the catamenia appear at eleven and a half years of age, and both had premonitory symptoms, the one experiencing severe headache, which ceased upon the appearance of the menses, and the other suffered from a rash upon the body and a headache. In both these children there was no appearance of any flow for two years subsequent to its first occurrence.

The painful condition of the mammæ in this child continued for six weeks, notwithstanding local and general treatment, during which time no alteration in the condition of the gland was to be noticed. There was no heat or redness of the areola, and there was but little enlargement, nor was any change observed in the appearance or condition of the nipple. At the end of this period, however, the right breast became afflicted in an identical manner.

For another six weeks—during which she was treated with aloetic purgatives, with iron, and with the local application of belladonna—the condition remained much the same; but at length it began to intermit, the pain disappearing for a few days and again recurring, until, at the end of the fifth month after I saw her, the symptoms disappeared; no catamenial show having then occurred.

In the last four years I have had several cases of this painful affection of the mammæ brought to my notice. The ages of the girls varied from ten and a half years to twelve years, and most were tall and well formed. In five of the cases the left breast only was affected, and in one case the right, while both were consecutively the seats of pain in the cases above detailed. Seeing this more frequent tendency of the left mamma to become affected, it occurred to me that it might be due to the pressure of the chest against a desk in writing, and in one or two of the patients this was thought a possible explanation, but in none of them did the pain cease for many weeks after they had been kept from school or prohibited from writing.

All the cases remained under observation for many weeks, and I cannot say that they were much relieved by local or general treatment. The pain, as in the above case, became intermittent, and at last ceased. Some nervous symptoms were present in two of the children, one having been previously under treatment for chorea, which had not entirely disappeared, and another suffered from occasional headache, vomiting, and pain in the lower part of the abdomen.

I have been unable to meet with much information on the subject of this condition in any works on surgery, or in any special treatises on diseases of the breast, and I believe that the condition is a rare one from the few cases of its occurrence among the very large number of patients which come before me. The absence of any great heat, redness, or swelling, puts inflammatory conditions out of the question, and the age of the patients, the obstinate and chronic character of the pain, together with the slight enlargement of the gland, and its extreme tenderness on pressure, would seem to point to some developmental change in the structure of the gland, which accompanies, or may even precede, the changes which are doubtless commencing about that period of life in the ovaries and organs of generation, with which the mamma has so many sympathies.—J. H. MORGAN, in the *Brit. Med. Journal.*

THE CAUSATION AND TREATMENT OF ACUTE CORYZA.—In Jour. Amer. Med. Asso'n, Nov. 13, 1885, DR. AUSTIN FLINT suggests that acute coryza and the affection commonly termed "a cold," are of parasitic origin. With reference to treatment he states:

I have consulted the works of four American authors, each work able and of recent date. The authors are COHEN, INGALLS, ROBINSON, and BOSWORTH. Of these authors, the parasitic causation is referred to by one only, COHEN, and by this author only in connection with influenza. He does not dwell upon parasitic treatment; and by the others, parasiticides, as such, are not referred to. All mention of topical remedies, administered as powders by insufflation, or by a spray or vapor; but they are mentioned as remedies either to sooth or to excite the inflamed membrane, or as having antiphlogistic effect. All mention a local remedy in repute among the Germans, and known as BRAND'S or the BRAND-HAGER remedy, consisting of:

> Carbolic acid, 80 grs.
> Alcohol, ½ ounce.
> Liquor ammonia, 80 minims, and
> Distilled water, 154 minims.

The liquid is poured upon a sponge placed within a paper cone, and the vapor inhaled

through the nostrils. It is intelligible that this remedy may act as a parasiticide, but its efficacy is not attributed to that action by the authors just named.

The parasitic doctrine of the etiology of coryza is not new. Our distinguished countryman MITCHELL, who, like MOSES, was permitted to see from afar the promised land in which medicine is now beginning to discover rich treasures, attributed influenza to the presence of a cryptogamic plant. SIR HENRY HOLLAND, in 1839, argued in favor of the animalcular origin of influenza and other diseases. Some later writers (HUETER, BIERMER), have considered as probable the bacterial origin of this affection. The doctrine, however, has up to the present time, received so little consideration, that topical treatment with a view to the destruction of germs and organisms, has been tried to a very limited extent. The permanganate of potassium, and the salicylate of soda, in solution, have been used, but with what success I am unable to say. To these remedies is to be added the vapor of turpentine. I have been told by one not of the medical profession, that the insufflation of quinine and camphor combined and pulverized has proved a successful method of abortive treatment. HELMHOLTZ found in his own case, that the injection of a solution of quinine into the nostrils, arrested the so-called fever. In other cases this treatment has not proved successful. The efficient cause of this affection, however, is organic, but not an organism. I have no facts to offer derived from my own experimental observations, respecting the employment of parasiticides or germicides for arresting a "cold" or an attack of influenza. The opportunities for such observations are readily available by medical practitioners, and I submit, as a concluding suggestion, that a trial be made of the different articles of the materia medica, which are destructive of germs and living organisms without injury to the mucous membrane. Should an article be found which is effective, prior to the demonstration of the parasitic doctrine, the successful treatment, it is needless to say, would furnish strong rational grounds for the support of this doctrine.

CHLORIDE OF METHYL IN NEURALGIA.—DR. C. VINAY, in the Lyon Medical, July 12, 1885, writes very encouragingly of the benefits of this drug in neuralgia. It was introduced into practice by M. DEBOVE only last August, and is very simple in its mode of application; rendered liquid artificially, it is placed in a syphon bottle and its discharge is regulated by a key-valve, which allows it to be thrown out as a jet and vaporize, which action results in a refrigeration of —23° C. (—9.4° F.). This jet, thrown against the skin, results in a rapid congelation; a segment of the skin is instantly transformed into a whitish congealed space, which gives to the finger a sensation of woody resistance. In time, ten seconds is enough for the forearm; in sciatic neuralgias, where the painful surfaces have considerable area, thirty to thirty-five seconds suffice for it to act over the whole of the territory of distribution of the affected nerve, from the nates to the dorsum of the foot. The sensation to the patient is a severe one, and, so say those who have felt both, more painful than the application of fire. In every case the local congelation disappears quickly, the white surface gives place to a very transitory anæmia, with a goose-flesh appearance and general anæsthesia; then appears a diffuse redness which persists for quite a time, and is accompanied with hyperæsthesia. The painful sensation gradually disappears, and in a few hours is replaced by a sensation of heat which is very superficial, as it results from the congestion of cutaneous vessels. When all pain has disappeared there is, in patients affected with sciatica a certain degree of paresis of the part operated on; that is, a sensation of unaccustomed heaviness, walking no longer produces any painful feelings, but progression is difficult with the affected side. Very often, on the next day or day after, there break out some phlyctenules of vesication, so that, if a second application be necessary from the persistence of the affection, it is wise to wait until all signs of local phlogosis have disappeared; when there is vesication, say about two days, before renewing it.

DR. VINAY records twelve cases, viz.: six neuralgias of the sciatic nerve; two neuralgias of the central nerve; one neuralgia of the crural nerve, and three lumbagos. Of these, eleven were cured and one relieved. His cases of sciatica were serious, either from intensity of pain, long continuance of the affection, or trophic disturbances; so that with them he had to make two and three applications before reaching a definite and permanent cure. The objections to its use are: first, the prolonged erythema that ensues; he has seen a case in which it was present four months; but this certainly is not comparable with the indelible pigmentation often left by blisters; secondly, vesication is frequent, but it has no importance in itself; and thirdly, eschars sometimes result, but they are rare and easily avoided. They are superficial and do not seem to be of much importance; they should be avoided, however, as they are a cause for the continuance of the pain in the skin, they interfere with walking, they retard a new application, and prevent patients from going about their usual occupations as soon as they might otherwise. In the lower limb these little cutaneous sphacelæ select the superficial portion of the popliteal space and where the flexion of the knee is most active. This can be avoided by operating rapidly and superficially.—*Jour. Amer. Med. Association.*

THE IMPORTANCE OF SHAMPOOING AND GYMNASTIC EXERCISE IN THE TREATMENT OF EPILEPSY.—DR. JOHN KENT SPENDER, Physician to the Mineral Water Hospital, Bath, says in the Brit. Med. Jour., May 2, 1885: Whatever may be the healing virtue of "rest" in a surgical sense, there are diseases in the treatment of which too much bodily rest and too much sleep may be medically injurious; that is to say, they are injurious in adding to the lethargic dulness which is the natural sequel of certain morbid processes; so that our duty as physicians lies in counteracting, by outward means, the depressing effects of internal and invisible forces. I do not wish to say that drugs have been too highly estimated in treating epilepsy, their effects are more striking than in the treatment of other diseases, and are one of the approximate certainties of medi-

cal art; but other remedial agents have been valued too little. It may be proper to think of drugs first; but long ago DR. RUSSELL REYNOLDS recommended "wholesome mental exercise," and I wish now to add a plea on behalf of wholesome bodily exercise as well. Bodily exercise means bodily education, or the training of the muscles into stronger and more harmonious action, and by soothing and regulating the motor nerves, all the disorderly phenomena of epilepsy may be brought into comparative subjection and quietness.

Among the useful hints which have been offered by DR. RADCLIFFE on this subject, he has warned us that the "sleepy epileptic" must be roused early and made to leave his bed. Similarly the stupid and idle epileptic must be summoned to his martial drill, and his senses kept "alive" by stir and movement. But even when the faculties are acute and femininely sensitive, the stultifying effects of the long-continued epileptic convulsion may be appropriately met by gymnastic exercises and systematic shampooing of the whole body. In February, 1884, DR. RADCLIFFE kindly trusted to my care an epileptic lady of middle age, refined in manner, but almost emaciated in form, and the mother of two healthy and happy young children. Medicines of a special kind had been administered, including cod-liver oil; but, during the last few months, the steady improvement has been materially quickened by the following plan of action. The body is sponged with hot water every day; the arms are moved up and down frequently (this expands the narrow chest), and clubs of moderate weight are raised with the hands. Walking in the open air has been encouraged on all possible days. Once a week, a professional shampooer comes and carries out a complete massage of the whole body. Two epileptic girls, children of farmers in a neighboring county, have rapidly improved under similar management.

What I have now written is probably quite familiar to experts in neurology; but TROUSSEAU says nothing about it, and, in the best English monographs, the hygienic treatment of epilepsy receives scanty recognition. Assuming that a rational scheme of medication is adopted in any given case, I claim that regular shampooing and gymnastic exercises may greatly help our therapeutic work, and sometimes make all the difference between success and comparative failure.—*Am. Med. Digest.*

FOREIGN TESTIMONY TO THE VALUE OF AMERICAN PHARMACEUTICALS.—The preparations of MESSRS. PARKE, DAVIS & CO., of Detroit, Michigan, are so well known, both in this country and in America, as hardly to call for detailed notice. Their fluid extracts have attained a reputation which it would be no exaggeration to say is world-renowned. Probably one of the most generally useful is the extract of cascara sagrada (*rhamnus purshiana*), the popular remedy for habitual constipation, which has recently been introduced in the British Pharmacopœia. The dose is from ten minims to a drachm, and the effects are speedy and by no means unpleasant, there being none of that griping and straining which often attends the use of ordinary laxatives and purgatives. For children and delicate women MESSRS. PARKE, DAVIS & CO. have introduced a "cascara cordial," which may be described as a palatable laxative, alterative, and carminative. We know of many cases where its administration has been followed by a complete cure of torpidity of the bowels of long standing. The nitroglycerin pills, now largely used in the treatment of angina pectoris and cardiac affections are excellent. Another preparation issued by this enterprising firm is dried defibrinated bullock's blood. When made into a mixture according to the directions which accompany each tin, it is taken by the most fastidious patients, either by mouth or rectum, without difficulty or hesitation. The addition of a few grains of salicylic acid as an antiseptic is perhaps, especially in warm weather, a desideratum. MESSRS. PARKE, DAVIS & CO. have quite recently called attention to several improved forms of administering medicines, especially rare alkaloids and glucosides. Their gramme tubes or vials of colchicine, convallamarine, daturine, hydrastine, napelline, muscarine, picrotoxine, and veratrine are well worthy of attention. The binoxide of manganese pills, as a remedy for functional amenorrhœa, are largely used in America. The empty capsules for the administration of nauseous medicines are excellent, and it is a pity they are not more commonly employed. We have tried nearly all MESSRS. PARKE, DAVIS & CO.'s preparations, and can speak very highly of them.—*The London Medical Record.*

THE TREATMENT OF CHOREA.—To the Harveian Society of London (October 15), DR. W. B. CHEADLE, after referring to the failure of innumerable specifics, and to the skepticism too widely engendered therefrom, declared his own belief in the value of medicinal treatment. Speaking from the careful notes of 190 cases observed during a period of eight years, he stated that the average duration of the disease, under treatment, had been five weeks (the extremes being ten weeks and four days); whereas cases without treatment might extend from eleven to fifty-two weeks, or indefinitely. The author had tried various methods, including rest and expectancy, with results sometimes beneficial, but never completely successful. In arsenic, he had at last found an agent which did succeed. TODD, as long as forty years ago, had recognized its power; so had BABINGTON and BEGBIE; but dread of the poison had checked their use of the remedy. DR. CHEADLE proceeded to narrate some striking cases of rapid improvement under the influence of ordinary doses of liquor arsenicalis, with small doses of tincture of perchloride of iron. A comparison of a long series of cases treated without arsenic and with arsenic respectively, gave for the former an average duration of forty days, for the latter, twenty-nine days; and this difference was increased when the last fifty-eight cases were compared with fifty-eight consecutive cases in the former series, the average duration under arsenic being only twenty-four days. Arsenic was in every case well borne, excepting a remarkable result repeatedly observed by the author, but not hitherto described by others; namely, a bronzing of the skin analogous to that observed in ADDISON'S

disease. The staining was most marked in the flexures, did not affect the face, and ultimately disappeared. In one case, however, it had become permanent, but would probably vanish in time. The pigment deposited was not metallic, as in discoloration by silver, but resembled the pigmentation due to chronic congestion. In conclusion, whilst advocating arsenic in chorea, the author did not wish to depreciate the value of other therapeutic agents, which should be employed concurrently.—*Medical and Surgical Reporter.*

HYPNONE—THE NEW HYPNOTIC.—Phenyl-methyl-acetone or aceto-phenone are the chemical names of a new drug, upon the hypnotic properties of which M. DUJARDIN-BEAUMETZ has recently made a report to the Académie de Médecine, and which he has thoroughly studied with DR. BARDET, at the Hôpital Cochin. On account of its very marked hypnotic properties the experimenters propose for it the name hypnone, which is more convenient than the other names, and is at the same time descriptive of its properties and nature. It was discovered by FRIEDEL in 1857, its formula is C_8H_8O, it is a liquid at 20° C., and boils between 198° and 199° C. Its specific gravity is from 1,032 to 1,015, it is not soluble in water, and its strong odor resembles that of cherry-laured water or cut oats. Its physiological properties have been studied by POPOFF and NENCKI, who showed that it is transformed in the organism into carbonic and benzoic acids, and that it is finally found in the urine in the hippurate state.

When administered to an adult in doses of three or four drops—5 to 15 centig.—mixed with a little glycerin and given with a gelatin capsule, hypnone produces deep sleep, and in alcoholic subjects its hypnotic properties are superior to those of chloral or paraldehyde. DUJARDIN-BEAUMETZ and BARDET have administered it to nine patients, and have as yet seen no symptoms of intolerance. The halitus becomes unpleasant from the elimination of acetone by the lungs. Injected under the skin of a Guinea-pig 50 centig. caused profound sleep, which deepened into coma, in which the animal died in about six hours. The discovery of a drug with such effects from a very small dose must be regarded as a valuable addition to therapeutics. It still remains to see why it is a hypnotic, and whether further experimentation will abundantly confirm the claims of the distinguished clinician who now reports upon it.—*Med. News.*

BROMIDE OF ETHYL AS AN ANÆSTHETIC.—DR. LAWRENCE TURNBULL concludes a recent comprehensive article on the above subject, published in the *Jour. of the Amer. Med. Ass'n*, as follows:

As well observed by DR. CHISOLM: "For office use I find the bromide of ethyl invaluable on account of its promptness, efficiency, evanescent nature of the anæsthesia, indeed, the absence of nausea, and the perfect comfort with which patients operated upon can leave my office within a few minutes after the ethylization."

Bromide of ethyl should never have taken the place of chloroform or sulphuric ether where any tedious operations are to be performed; but there is no reason why this useful anæsthetic should not be employed in all operations in minor surgery and in those on the eye, ear, throat and nose, having everything ready in advance so that the patients shall be as short a time as possible exposed to the evil effects of an anæsthetic.

I conclude this brief paper by the results which I obtained, and the conclusions I then arrived at (1879), and I still consider them my firm opinion at the present time, after using the article from 1878 to 1884 in all my office operations:

	Minutes.	Seconds.
Shortest time taken to place a patient under the primary anæsthetic influence	0	30
Longest time	5	00
Average time	1	30

I did not then advise that bromide of ethyl should be resorted to in protracted operations, and I have never employed it any case longer than forty minutes, and have never used more than four ounces of the pure ether in one case.

OERTEL'S ANTI-FAT DIETARY.—OERTEL'S plan is varied according to conditions of the circulatory apparatus. In one group corpulence is associated with healthy heart and blood vessels, in the other, the heart has undergone fatty degeneration and the hydrostatic equilibrium is lost. In the first class the object is merely to reduce the fat, while in the second this is to be united with the therapeutic management of the case. In the one, vigorous exercise is enjoined and enough carbon must be supplied to stimulate the bodily energy. In the other, effort is made to buid up the atrophic muscles by giving enough albumen to favor its accumulation; that is, its transfer into the nitrogenous elements of the organ.

The hygienic management of these cases has been previously detailed and need not be repeated. For the majority of cases, OERTEL recommends a small cup of coffee, with milk and sugar, morning and afternoon, and with the morning coffee 35 to 70 grammes of white bread with butter; at noon no soup, but 200 grammes of beef, 50 grammes of lettuce, or the like, and 100 of fresh fruit; for supper, some caviar, two eggs, 150 grammes of meat and 150 to 200 grammes of light white wine. Later, when a portion of the bodily fat has disappeared and the circulatory disturbance is relieved, the daily dietary may be increased by adding 100 grammes each of fish and pudding to the dinner, as well as 200 of wine, and to the evening meal some cheese and bread. Nevertheless, this increased allowance is only admissable when by hearty exercise, preferably mountain climbing, the consumption of carbon is augmented and the system requires more nourishment. In conclusion it may be said that OERTEL'S daily regimen consists of 155 to 170 grammes of albumen, 24 to 40 of fat, 70 to 110 of sugar and starch, and 900 to 1300 of fluids.—*Exchange.*

A NEW ANÆSTHETIC.—A year ago DR. V. MERING mentioned at the meeting of the Natural Scientists, at Eisenach, the hypnotic

and anæsthetic effects of the acetales. He recommended further trials with a mixture of dimethylacetale and one volume chloroform. The dimethylacetale has a chemical formula of $C_4H_{10}O_2$, a specific gravity 0.87, reaches the boiling-point at 64°, has an odor resembling fruit, burns with a smoky flame, and is not decomposed by the light. For the last six months experiments have been made with the mixture above described at the Strassburg clinic. The price is at present an objection to its general use, one pound costing about $33. The mixture has very little if any effect upon the heart, the pulse evincing no alteration under its influence. The patient feels remarkably well when awakening, there is no headache or fullness of the head. The skin is not irritated by it, and the urine never contained albumen or sugar after narcosis. With robust men it takes fifteen minutes to cause complete insensibility, but with children and anæmic persons the effect is more rapid. After a trial in fifty cases, DR. F. FISCHER, assistant at the clinic, recommended its use in the following cases:

1. In cases where gastric catarrh and vomiting as a consequence of the narcosis ought to be avoided.
2. In cases of laparotomy.
3. Diseases of the heart.
4. Nephritis.
5. Affections of the central nervous system, especially infantile paralysis and epilepsy.
6. When dangerous symptoms develop under narcosis as usually induced, while the operation can be concluded only while the patient is under the influence of an anæsthetic.—*Med. and Surg. Reporter.*

THE TREATMENT OF PNEUMONIA BY QUININE.—DR. F. P. ATKINSON thus writes in the Practitioner for October:

If the Collective Investigation Committee of the British Medical Association have done no other good, they have certainly directed attention to the treatment of pneumonia by quinine, which is destined, I think, sooner or later to supersede all methods now in vogue. There can be no question that in almost every case (and I think there are very few exceptions), it prevents the disease advancing beyond the first stage, and rapidly causes resolution to take place. It does away with the necessity for poulticing, all that is required being the application of cotton-wool to the front and back of the chest. My friend, MR. CORBETT, who has a good series of charts to bring forward, tells me it is equally successful in cases arising in young infants as it is in adult cases, and he asserts that many children he has been able to pull through, who, in old times, would certainly have been lost. He gives an adult two grains every two, three, or four hours, according to the severity of the case, combined with hydrobromic acid, and if there is any delirium a few drops of tincture of digitalis. If there is any large deposit of urates in the water, he gives some citrate of potassium alternately with the quinine. This method of treatment I have followed out with decided benefit to my patients and satisfaction to myself. Now any one who has given repeated doses of quinine to a patient will, no doubt, have noticed the profuse sweating that occurs after its administration, and I am anxious to find out as to whether quinine really acts curatively through the perspiration it produces, its antiseptic action, or both. In some cases of menorrhagia, it exerts a very decided influence upon the muscular tissue of the uterus; has it any influence upon the muscular coat of the arteries in pneumonia? An answer to these questions would, no doubt, help us not only in the treatment of pneumonia, but also many other febrile diseases.

LORENZ ON ICHTHYOL IN RHEUMATISM.—In the Deutsche Med. Wochensch. of June 4, DR. LORENZ, army surgeon in a West Prussian regiment of Uhlans, cites a case in which he successfully employed ichthyol for articular and muscular rheumatism. The patient was a married woman, aged 29, who was seized, about Christmas, 1882, with severe pains in the ankles, which quickly swelled; and the pain then passed on to the knees, wrists and elbows. This went on without intermission until she came under the care of DR. LORENZ, in October 1884, when she was so prostrated that she had to be carried to his rooms. No fever or cardiac complication was present. Salicylates, colchicum, aconite, iodide of potassium, and various other remedies, internal and external, had been already tried without effect; and DR. LORENZ had recourse, almost in despair, to ichthyol, as recommended by UNNA. He ordered it, in combination with 70 per cent. of paraffin, to be applied to the joints, with the result that the patient could mount steps without assistance, although indeed somewhat feebly, in fourteen days. She was subsequently able to perform her household duties without any pain whatever, although some of the joints remained a little thickened. DR. LORENZ has found the drug, applied pure, of great service in a case of whitlow of the thumb, allaying pain and swelling as if by magic; and also very beneficial in a case of mastitis, with great pain and swelling of the mammæ, where it was applied with equal parts of water. The application may be made either as an ointment combined with paraffin, as an emulsion with water, or pure, applied after washing, and covered up with cotton-wool.—*London Med. Record.*

HYDRASTIS CANADENSIS IN UTERINE HÆMORRHAGE.—In the Meditz. Obozr., 1885, Vol. xxiv., No. 24, p. 115, DR. NIKOLAI A. JIVOPISTZEFF, house-physician in the gynæcological wards of the Emperor Paul's Hospital, in Moscow, states his experience of the therapeutic effects of fluid extract of hydrastis canadensis, which he has administered in over twenty cases of uterine hæmorrhage of various descriptions (menorrhagia, flooding from uterine atony, fibroids, cervical cancer, etc.) The drug was given in twenty-minim doses four times a day. The author found that "the best results from hydrastis were obtained in cases of chronic and subacute hæmorrhage depending on an inflammatory condition of the uterine tissues and surrounding pelvic organs," as well as on displacements of the womb. "In other words (the author says), successful results from the use of hydrastis may be expected only in cases where the uterus is firm, enlarged and tender; where its mucous membrane is inflamed, softened, or even ulcerated; or where there is some exudation around the

womb." In all other cases, success is more or less doubtful. Thus, in cases of uterine fibroids and cervical cancer, the hydrastis treatment utterly failed to control bleeding. DR. JIVOPITSZEFF confirms the statement that hydrastis produces a favorable influence on dyspepsia, which often accompanies diseases of the female sexual sphere. Under the treatment, digestion improves, and gastric pain and tenderness disappear.—*London Med. Record.*

NEW LOCAL TREATMENT OF ECZEMA AND OTHER CUTANEOUS DISEASES.—DR. GÉCÉ has recently made trial of the local treatment of eczema by ichthyol applied by means of a thin dressing of some sufficiently strong, but pliable, substance, acting as an artificial epiderm, and at the same time combining medicinal treatment with the advantage of being able to be applied by the patient.

The dressing adheres without the use of a bandage, and is applied by simply moistening with warm water, and needs only to be renewed every three or four days.

In acute eczema and chronic eczema, especially that of the lower limbs, where the application affords methodical compression, and in prurigo and lichen, the first application has given favorable results. In psoriasis the results have been encouraging, but further experience is necessary to determine the real value of the remedy.

To apply the dressing, it should be permitted to rest for an instant upon warm water of a temperature which can be supported by the hand, and smoothly applied.

If any difficulty is experienced in removing the dressing, a corner should be raised and moisture applied by wetting both sides, when it will be found to come away easily.—*L'Union Medicale*, October 31, 1885.

PICHI, A CHILIAN REMEDY FOR CYSTITIS.—A Chilian Plant, called by the natives Pichi (*Fabiana Imbricata*), has long enjoyed a great local reputation in the treatment of urinary diseases, having even been supposed to cure renal and vesical calculi. Although, doubtless, its virtues have been exaggerated, it is believed by a writer in the Diario Medico-Farmaceutico, A. RODIGUEZ, of Buenos Ayres, to be very efficacious in certain maladies of the urinary organs and of the liver. He finds that it is especially valuable in vesical catarrh produced by the mechanical irritation of gravel, calculi, or due to a uric acid diathesis. It allays the irritation, lessens the secretion, and favors the expulsion of the gravel and of calculi which are sufficiently small to pass through the urethra. Its effect on hepatic disorders appears to be due to its climatic action. It has been found useful in Rio de Janeiro in several cases of jaundice, dropsy, and dyspepsia due to deficient biliary secretion. A fluid extract of the plant is prepared, containing 20 grammes to each tablespoonful, and of this from four to six tablespoonfuls are given *per diem* in either hot or cold water. DR. DEMARCHI has examined pichi chemically, and finds in it:

1. An essential highly aromatic oil.
2. A resin.
3. A fluorescent substance resembling esculin, paviin, and fraxin, which crystallizes in needles.—*Medical Times and Gazette*, Dec. 5, 1885.

A SUBSTITUTE FOR IODOFORM.—To the progress of synthetical chemistry we owe an addition to our present list of local antiseptics which, if on further trial it be found to bear out the promises made for it by its discoverers, bids fair to take the place of iodoform altogether. Iodol, the substitute referred to, is a dark powder obtained from "Dippel's animal oil." It has but little smell, and is soluble in 3 parts of absolute alcohol, but only in 5000 parts of water. More than two hundred observations on various diseases have been made with it in the Royal Surgical Institute in Rome. It was used in substance, suspended in glycerin, dissolved in alcohol with glycerin, and as ointment. Chancres were washed with distilled water, very carefully dried, and sprinkled with iodol in powder, and covered with silk protective, the dressing being changed daily. In six days' time the base of the chancres began to granulate, and the edges to show signs of commencing cicatrization. Similar treatment was adopted in the case of open buboes, which very soon began to exhibit a healthy appearance, and in a short time healed up. In many cases of simple indolent ulcers iodine was equally valuable, the whole character of the sore becoming changed after a few applications. Neither erysipelas nor diphtheritis was ever observed in cases treated with iodol.—*London Lancet.*

THERAPEUTIC USES OF SNEEZING.—M. COIFFIER says in his recent work on "Méd. et Thérap. Ration.," if an expectorant is indicated, and the remedy at hand fails to act as it should, provoke sneezing. A sneeze loosens up the air-passages, and sets the excretories into vigorous action. With children, a pinch of snuff is generally all-sufficient. With their elders, especially those in the habit of taking snuff, the poudre sternutatoire of the codex is better. Veratrine is a powerful provoker of sneezing—one one-hundreth part of a grain added to a half ounce (say 1:25,000) of snuff increases its sternutatory powers immensely. Again, there is nothing like a sneeze in expelling foreign bodies from the air-passages. M. COIFFIER gave a number of incidents confirmatory to this axiom. In two instances where he failed to excite sternutation otherwise, he succeeded by conveying to the base of the nasal fossæ a minute portion of veratrine, scarcely the two-hundredth part of a milligram, which he carried thither on the end of a sound.—*St. Louis Med. and Surg. Jour.*

HYDROFLUORIC ACID IN THERAPEUTICS.—DR. E. CHEVY (Bull. de Thérap., p. 108), after investigating the properties of this acid and observing its effects clinically, arrives at the following conclusions:

1. The vapors of hydrofluoric acid, mixed with air, do not produce the respiratory accidents which we have hitherto been led to suppose. Without inconvenience, an adult can breathe a mixture of one to fifteen hundred parts of atmospheric air.

2. Hydrofluoric acid is a powerful antiseptic and antiferment. In the proportion of one to three thousand, it arrests the fermentation of milk, of urine, or of soup, and can be used for the preservation of meat.

3. The therapeutic employment of hydrofluoric acid in pulmonary tuberculosis, in diphtheria, and in the dressing of foul wounds, has furnished results which are worthy of being followed up.

4. In a case that is asthmatic, hæmophilic, or emphysematous, it should be employed with great prudence.—*Phil. Med. Times*, October 31, 1885.

COCAINE IN MINOR SURGICAL OPERATIONS.—The beneficent properties of cocaine seem not yet exhausted, for now a New York surgeon (DR M. J. ROBERTS) tells us that he has performed two serious operations without the aid of ether or chloroform, solely under the anæsthetic power of cocaine. It seems that when the blood circulation in a part is checked or stagnated by an Esmarch or other rubber band or bandage, the anæsthetic effects of this drug may be indefinitely prolonged. Imagine a boy, four years old, undergoing a most severe operation, watching intently and intelligently each cut of the knife and each vibration of the saw in his own person and smilingly meeting the eye of the operator. Does not such a picture seem utopian? Yet such was the attitude of the boy upon whom DR. ROBERTS operated. If we can do away with the unpleasant features of ether and chloroform anæsthetization, and banish pain during surgical operations by injecting deeply cocaine and stagnating the circulation of a part, we have truly made a great advance.

ADONIS VERNALIS.—DR. GAETANO TRAVERSA has made a most exhaustive study, both clinical and experimental, of the physiological and therapeutical action of adonis vernalis, the results of which he has published in detail in the Giornale Internazionale delle Scienze Mediche, Nos. 8, 9, and 10, 1885. He says that he has been led by these trials to regard the drug as one of the greatest value, and he does not hesitate to call it the best cardiac tonic which we possess, and one which may render the greatest service in the treatment of chronic heart disease. He thinks it more certain in its action than digitalis, and preferable to the latter drug also from the fact that it is rapidly eliminated from the system and never exhibits a cumulative action, and, furthermore, does not disturb the cardiac function when given in large doses. Adonis unites to rapidity of action and certainty of effect the most excellent and desirable quality of innocuousness. It possesses, also, marked diuretic properties.—*N. Y. Med. Record.*

THE EMPLOYMENT OF POWDERED COFFEE AS AN ANTISEPTIC DRESSING IN MILITARY SURGERY.—DR OPPLER (Deutsch. milit. Zeitschr., 1885) proposes the employment of powdered coffee as a preliminary dressing upon the battlefield, especially in default of other antiseptics. The powdered coffee should be applied to the wound and covered over with a small quantity of soil, an air-tight antiseptic dressing thereby resulting. Former experiments of DR. OPPLER show that powdered coffee prevents putrefaction of blood, urine, foods, etc., and that it is a true antiseptic.—*Archives de Medecine et de Pharmacie Militaires*, Nov. 1, 1885.

BORATED VASELINE IN ERYSIPELAS.—DR. ROMIT speaks very highly of boracic acid in vaseline, one part to 20, as an application to the inflamed skin in traumatic erysipelas. It has an advantage over certain other applications in that it causes no discoloration, and does not mask the redness of the skin, so that the progress of the disease toward recovery can be readily observed. The redness and tumefaction rapidly disappear, the pain is quieted, and a cure is obtained within three or four days. The application is made over the affected part, and for some distance around over the healthy integument, and is repeated morning and evening.—*Revista Clinica*, No. 9, 1885.

JEQUIRITY IN GRANULAR LIDS.—DR. PEOLNOFF having used jequirity in twenty cases of granular lids, varying among one another in character, has come to the conclusion that it is especially useful in a cicatricial condition of the granulations when this is complicated with corneal disease. In these cases, he says, jequirity cures much better and more rapidly than the usual remedies, nitrate of silver, sulphate of copper, etc. It is also valuable in mild cases of follicular trachoma with ingrowing eyelashes. The best method in all cases is to use a 1 or 2 per cent. solution of the powdered seeds of jequirity daily.

KAVA IN GONORRHŒA.—This drug is recommended by DUPONY and GUBLER as almost a specific in the treatment of gonorrhœa and leucorrhœa. The active principles of the plant are a resin and a crystalline substance called by GUBLER kavaïne. The administration of kava in gonorrhœa increases the urinary secretion, reduces inflammation, and quiets pain. It has the advantage over balsam of copaiba in that it has a pleasant taste, and does not affect the stomach unpleasantly. The plant, as is known, is a native of the islands of the Pacific. —*Deutsche Medicinal Zeitung*, Nov. 2, 1885.

IODIDE OF SODIUM IN THE TREATMENT OF SYPHILIS.—ARCARI ("Gazz. med. ital. lombard."; "Med. Chron.") reports a number of cases of tertiary syphilis in which rapid improvement was due to the hypodermic use of this in quantities of about 10 grains four or five times a day. He recommends the simultaneous use of 30 grains by the mouth, with only two daily injections, in cases where an organ is seriously threatened from syphilitic deposits.—*N. Y. Med. Journal.*

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